



Club Name:		SOO Club ID #:			Contact Person:			Contact Number:			
Mailing Address (For Results):			Postal Code:		Contact Email:						
	Spe	Coach Self-Assessment									
	First Name	Surname	Sex (Circle)	DOB (MM/DD/YYYY)	SOO ID #		Levels				
1			M/F			The level that I believe my team performs at is (Circle One)	٨	В	С	D	Adapt
2			M/F				A	D	C		Ацарі
3			M/F			Other teams with comparable skill that my team has played this year include					•
4			M/F								
5			M/F								
6			M/F								
7			M/F								
8			M/F								
9			M/F								
10			M/F								
11			M/F								
12			M/F								
13			M/F								
14			M/F								
15			M/F								
Minimum of 12 Athletes; Maximum of 15						1					
			Sp	ecial Olympics C	oaches Registra	ation					
	First Name	Surname	Sex (Circle)	DOB (MM/DD/YYYY)	SOO ID #						
Head Coach			M/F								
Coach/Manager			M/F								
Coach/Manager			M/F								
Coach/Manager			M/F			-					
Coach/Manager			M/F			-					
Coach/Manager			M/F								