



RELAY TEAM Registration Form

One form per team please! Completed by the Coach.
**Please note, each member must complete an individual form as well.*

RELAY TEAM NAME _____
 Coach _____
 Phone(____) _____ Cell Phone (____) _____
 Email address _____
 School/Org. _____ Sport Stacking Instructor _____ State _____
 AGE DIVISION (*circle one*) 6u 7u 8u 9u 10u 11u 12u 14u 18u Open (19 & above) (*Note: u = under*)
 TEAM RELAY EVENTS: Our team will compete in the following checked Relays
 Timed 3-6-3 Relay Special Stackers Timed 3-6-3 Relay
 Head to Head 3-6-3 Relay

Teams must field a complete roster of at least 4 Stackers to compete. Teams with less than 4 Stackers will be disqualified. (Teams of 5 are encouraged, but not required, to assure participation in case a team member cannot attend the competition. If all 5 are present, the 5th Stacker can be rotated in.)

TEAM MEMBERS (*list all team members*)

First & last name	Age	Typical 3-6-3 time
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

(#5 optional)

Coach Checklist:

Coach Checklist

- Read the Registration Packet thoroughly.
- Call the parents of Stackers on your team and confirm each Stacker's participation. (you must have at least 4 members to compete)
- Assist with and gather up all team member's Individual, and Doubles Registration forms.
- Complete one Relay Team Registration Form (this form).
- Turn in completed Relay Team Registration Form, along with all Individual and Doubles Registration Forms and fees to your Sport Stacking Instructor by February 16, 2010.
- Coordinate practices for your team.
- Work with your team to create a fun and coordinated team t-shirt/uniform (Optional, but highly encouraged!).

COACH AGREEMENT: I understand I'm responsible for the team and will supervise them during the competition. I commit to field at least four team members. (A team may consist of five members with substitutions.) I understand our team will be disqualified if less than four compete. I will read the WSSA Rule Book and understand all the rules of the competition including the use of the StackMat®. I look forward to a very positive and encouraging day at the 2010 WSSA Illinois State Sport Stacking Championships.

Coach Signature _____ Date _____

Event Information

Date: February 27, 2010 8:30am—5:00pm
 Location: Peoria Civic Center, 201 SW Jefferson Avenue, Peoria, IL 61602

OFFICE USE ONLY	Date entered: _____ Entered by: _____	1 Paid by: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash \$ _____
	2 Paid by: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash \$ _____	3 Paid by: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash \$ _____
	4 Paid by: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash \$ _____	5 Paid by: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash \$ _____

Thanks so much for volunteering to be a Relay Team Coach! Your leadership and support are instrumental in making our tournament a successful and positive experience for all involved.