



# 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 5<sup>th</sup> 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:**

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- 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

<b>OFFICE USE ONLY</b>	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.*