

**Special Olympics Hawaii  
Aukake Classic  
Bocce ALTERNATE Form**

DELEGATION NAME: \_\_\_\_\_ DELEGATION CONTACT NAME: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**KEY: Gen: Gender Veg: Vegetarian SAS: Skills Assessment Score**

ID	Name		Unified Partner	Veg	Bocce SAS Score	Bocce Team Name
	Last	First				
1					Doubles: _____ Unified: _____ Modified Unified: _____	
2					Doubles: _____ Unified: _____ Modified Unified: _____	
3					Doubles: _____ Unified: _____ Modified Unified: _____	
4					Doubles: _____ Unified: _____ Modified Unified: _____	

**Alternates will be listed on this form, whether athlete or Unified Partner.**

**SAS score for Bocce Alternate is the individual score, not team. Place SAS score beside the event they will be alternates for.**

**Primary players cannot be listed as alternates.**