		Te	am Information	Page		
			am Information (please fill out by tea	m)		
Delegation:			_	Area:	_	
Team Attending Area?		_	Team Attending Regional?		Team Attending State?	
Team Name:		Team Type:			<u></u>	
			games played in this competition			
another team - please subm	it any games played <sub>l</sub>	prior to area comp	etition (we will receive area res	sults from Area Coordin	nator). Our Team	
			Winner of Game	9	Stronger/Equal/Weaker	
Opponent*	Date	Score	Our team/Opponent		than opponent	
<u> </u>						
<b>2.</b> If you brought this team	to state last year, is y	our team:				
Stronger Equ	ıal	Weaker	New Team			
3. If this team came to last	ear's competition, w	hat was their name	e last year (i.e. Wild Angels <b>Sil</b>	ver)?		
<b>4.</b> Are you missing any key	players? If so, please	e explain:				
<b>5.</b> Any Additional Team Info	rmation about your to	eam's ability level (	including information about U	nified Partners)		
	ate which division (1	- 5, 1 being strong	ftball, please rank your teams est division) you feel they sho Division:	ıld play:		
Softball Team Name:			Division:			
Softball Team Name:			Division:			
Softball Team Name:			Division:			
	the state tournament	last year do you fe	eel they were divisioned appro	oriately?		
(Please underline or bold)	Yes	No	If No, should they have bee (Please underline or bold)	n higher or lower? Higher Lower		
Information Submitted by	<b>/</b> :					
Head Coach		_	Date			