



Basketball Entry Form Instructions

General Information:

The following instructions will assist you in completing the entry forms for the Special Olympics Indiana State Basketball Competition. There are several entry deadlines for the Basketball Tournament. Due dates are listed in the General Information section (Page 129), as well as on each form. All entry materials for the Basketball MUST be IN HOUSE by the listed date. For computer, and competition purposes, Unified partners are considered participants, NOT coaches. Please make that distinction when entering Unified teams and relays. Please write clearly, making marks heavy, dark and readable.

The County Coordinator is responsible to be, or to name the Head of Delegation (HOD). An HOD is to be assigned for each State Basketball Tournaments, including the Men's Sectional, providing a cell phone number for emergency contact throughout the Tournament. The HOD is the person in charge of the entire delegation and is responsible for being on-site with Athlete Medicals for the duration of the event. The County coordinator signs form to verify information.

Coach/Chaperone Entry Form:

List every coach and chaperone who will attend each State Basketball Tournament. Check each site where that individual will attend. Also list any Unified partners who will also serve as a chaperone for this event.

Basketball Entry Forms:

- ▶ **Team Entry Form:** There is a separate *Team Entry Form* for 5-on-5 teams and 3-on-3 teams. Give each team a unique team nickname. Complete the classification entry information according to the grid on the entry form. More information on leveling can be found in the Basketball Rules Section (Pages 130-131).
- ▶ **Final Roster Form:** There is a separate *Final Roster Form* for 5-on-5 teams and 3-on-3 teams. Submit one (1) form for each team, including classification for that team as registered on the *Team Entry Form*. List each member of the team, designating athlete or Unified partner for Unified teams. Include the team's head coach and his/her contact information.
- ▶ **Games Records Form:** There is a separate *Games Records Form* for 5-on-5 teams and 3-on-3 teams. Submit one (1) form for each team, including classification for that team as registered on the *Team Entry Form* and verified on the team's *Final Roster Form*. Complete the *Games Records Forms* according to the instructions, including signatures of the opposing coach faced.

Individual Skills Entry Form *(Copy the number of entry forms needed):*

Athletes must compete at the Sectional Tournament to participate at the State Tournament. Individual Skills Scorecards are to be used to determine the qualifying scores and are not to be used as entry forms. Please check the box for advancement to Youth State Tournament or Men's State Tournament for each participant. Also, identify if the athlete is in the Adapted Skills Competition (requiring use of assistive devices, such as a walker or wheelchair).

All youth (ages 8-21), who compete at the Sectional Tournament, are eligible to compete at either the Youth or Men's State Tournaments. Adults (ages 22 & older), who compete at the Sectional Tournament, may only compete at the Men's State Tournament.

5-ON-5 BASKETBALL TEAM ENTRY FORM

Due IN HOUSE to the State Office by Monday, December 5, 2016.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278,
Fax (317) 328-2018, or email entries@soindiana.org



PROGRAM INFORMATION

PROGRAM NAME: _____

AREA: _____

COUNTY COORDINATOR: _____

CELL PHONE: (____) _____

DIRECTORY INFORMATION *(This information will be listed on the Team Directory.)*

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL: _____

CELL PHONE: (____) _____

TEAM INFORMATION

TEAM NAME: _____							TEAM NAME: _____						
CATEGORY	GENDER		LEVEL				CATEGORY	GENDER		LEVEL			
	M MALE	F FEMALE	1 HIGH	2 ABOVE AVERAGE	3 AVERAGE	4 BELOW AVERAGE		M MALE	F FEMALE	1 HIGH	2 ABOVE AVERAGE	3 AVERAGE	4 BELOW AVERAGE
TRADITIONAL MASTERS (22+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TRADITIONAL MASTERS (22+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRADITIONAL SENIORS (16-21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		TRADITIONAL SENIORS (16-21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TRADITIONAL JUNIORS (8-15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		TRADITIONAL JUNIORS (8-15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UNIFIED MASTERS (22+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			UNIFIED MASTERS (22+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
UNIFIED SENIORS (16-21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		UNIFIED SENIORS (16-21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UNIFIED JUNIORS (8-15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		UNIFIED JUNIORS (8-15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TEAM NAME: _____							TEAM NAME: _____						
CATEGORY	GENDER		LEVEL				CATEGORY	GENDER		LEVEL			
	M MALE	F FEMALE	1 HIGH	2 ABOVE AVERAGE	3 AVERAGE	4 BELOW AVERAGE		M MALE	F FEMALE	1 HIGH	2 ABOVE AVERAGE	3 AVERAGE	4 BELOW AVERAGE
TRADITIONAL MASTERS (22+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TRADITIONAL MASTERS (22+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRADITIONAL SENIORS (16-21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		TRADITIONAL SENIORS (16-21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TRADITIONAL JUNIORS (8-15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		TRADITIONAL JUNIORS (8-15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UNIFIED MASTERS (22+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			UNIFIED MASTERS (22+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
UNIFIED SENIORS (16-21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		UNIFIED SENIORS (16-21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UNIFIED JUNIORS (8-15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		UNIFIED JUNIORS (8-15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ENTRY NUMBERS SUMMARY

Number of 5-on-5 BASKETBALL Teams = _____

FOR COUNTY COORDINATOR USE ONLY

By signing the line below, the County Coordinator verifies that all information and entry numbers are correct.

X _____
County Coordinator Signature Date

3-ON-3 BASKETBALL TEAM ENTRY FORM

Due IN HOUSE to the State Office by Monday, December 5, 2016.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2018, or email entries@soindiana.org



PROGRAM INFORMATION

PROGRAM NAME: _____ AREA: _____

COUNTY COORDINATOR: _____ CELL PHONE: (_____) _____

DIRECTORY INFORMATION *(This information will be listed on the Team Directory.)*

NAME: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

EMAIL: _____ CELL PHONE: (_____) _____

TEAM INFORMATION

GENDER: M = MALE F = FEMALE

AGE GROUP: J = JUNIOR (15 & UNDER) S = SENIOR (21 & UNDER) M = MASTER (22 & OVER)

TEAM NAME	AGE GROUP			GENDER	
	J	S	M	M	F
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENTRY NUMBERS SUMMARY

Number of 3-on-3 BASKETBALL Teams = _____

FOR COUNTY COORDINATOR USE ONLY

By signing the line below, the County Coordinator verifies that all information and entry numbers are correct.

X _____
County Coordinator Signature Date

CONFIDENTIALITY NOTICE
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5-ON-5 BASKETBALL FINAL ROSTER FORM

Due IN HOUSE to the State Office by Monday, January 9, 2017.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2018, or email entries@soindiana.org



GENERAL INFORMATION

PROGRAM NAME: _____ AREA: _____

COUNTY COORDINATOR: _____ CELL PHONE: (____) _____

TEAM INFORMATION

HEAD COACH: _____

EMAIL: _____

CELL PHONE: (____) _____

TEAM NAME: _____

TEAM CLASSIFICATION

Category:	Type:	Gender:	Level:
<input type="checkbox"/> TRADITIONAL	<input type="checkbox"/> JUNIOR	<input type="checkbox"/> MALE	<input type="checkbox"/> 1
<input type="checkbox"/> UNIFIED	<input type="checkbox"/> SENIOR	<input type="checkbox"/> FEMALE	<input type="checkbox"/> 2
	<input type="checkbox"/> MASTER		<input type="checkbox"/> 3
			<input type="checkbox"/> 4

FINAL ROSTER

NAME OF ATHLETE (First Name, Last Name)	DATE OF BIRTH (mm/dd/yy)	TYPE
1.		<input type="checkbox"/> Athlete <input type="checkbox"/> Partner
2.		<input type="checkbox"/> Athlete <input type="checkbox"/> Partner
3.		<input type="checkbox"/> Athlete <input type="checkbox"/> Partner
4.		<input type="checkbox"/> Athlete <input type="checkbox"/> Partner
5.		<input type="checkbox"/> Athlete <input type="checkbox"/> Partner
6.		<input type="checkbox"/> Athlete <input type="checkbox"/> Partner
7.		<input type="checkbox"/> Athlete <input type="checkbox"/> Partner
8.		<input type="checkbox"/> Athlete <input type="checkbox"/> Partner
9.		<input type="checkbox"/> Athlete <input type="checkbox"/> Partner
10.		<input type="checkbox"/> Athlete <input type="checkbox"/> Partner
11.		<input type="checkbox"/> Athlete <input type="checkbox"/> Partner
12.		<input type="checkbox"/> Athlete <input type="checkbox"/> Partner

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3-ON-3 BASKETBALL FINAL ROSTER FORM

Due IN HOUSE to the State Office by Monday, January 9, 2017.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, Fax (317) 328-2018, or email entries@soindiana.org



GENERAL INFORMATION

PROGRAM NAME: _____ AREA: _____
 COUNTY COORDINATOR: _____ CELL PHONE: (____) _____

TEAM INFORMATION

HEAD COACH: _____
 EMAIL: _____
 CELL PHONE: (____) _____
 TEAM NAME: _____

TEAM CLASSIFICATION

Type:
 JUNIOR
 SENIOR
 MASTER

Gender:
 MALE
 FEMALE

FINAL ROSTER

NAME OF ATHLETE (First Name, Last Name)	DATE OF BIRTH (mm/dd/yy)	DRIBBLING	PERIMETER SHOOTING	TOTAL
1.				
2.				
3.				
4.				
5.				
6.				
TEAM TOTAL SCORE =				

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BASKETBALL COACH/CHAPERONE ENTRY FORM

Due IN HOUSE to the State Office by Monday, February 13, 2017.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278,
fax (317) 328-2018, or email entries@soindiana.org



GENERAL INFORMATION

PROGRAM NAME: _____ AREA: _____

COUNTY COORDINATOR: _____ CELL PHONE: (____) _____

COACH/CHAPERONE LIST

PLEASE LIST ALL CLASS A VOLUNTEERS (COACH/CHAPERONE) FROM YOUR COUNTY PROGRAM FOR THE BASKETBALL TOURNAMENT.

FIRST Name	LAST Name	SITE Check all that apply. W=Womens M=Mens Y=Youth	Completed Volunteer Application	CVO Trained	Completed OPB
1.		<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.		<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.		<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.		<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.		<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.		<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIST UNIFIED PARTNERS WHO ALSO WILL BE CHAPERONES DURING THE GAMES

1.		<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



BASKETBALL PLAYER EVALUATION SUMMARY FORM
Due IN HOUSE to the State Office by Monday, February 13, 2017.
Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278,
Fax (317) 328-2018, or email entries@soindiana.org

TEAM INFORMATION:		TEAM CLASSIFICATION:				
PROGRAM NAME: _____		Category:	Type:	Gender:	Level:	
TEAM NAME: _____		<input type="checkbox"/> TRADITIONAL	<input type="checkbox"/> JUNIOR	<input type="checkbox"/> MALE	<input type="checkbox"/> 1 <input type="checkbox"/> 3	
HEAD COACH: _____		<input type="checkbox"/> UNIFIED	<input type="checkbox"/> SENIOR	<input type="checkbox"/> FEMALE	<input type="checkbox"/> 2 <input type="checkbox"/> 4	
		<input type="checkbox"/> MASTER				

EVALUATION SUMMARY:

Instructions: Use your Basketball Individual Player Evaluation Forms to fill out this page. List your players in order from highest score to lowest score down the "Name" column. Fill in the remaining sections for each player using the Basketball Individual Player Evaluation Forms. Add all players' "Total Scores" together and divide by the total number of players on the team. Record this value for "Overall Team Rating." Add the top 5 players' "Total Scores" together and divide by 5. Record this value for "Top 5 Rating." Add the bottom 5 players' "Total Scores" and divide by 5 (if less than 10 players on a team, some players may be included in both the "Top" and "Bottom" ratings). Record this value for the "Bottom 5 Rating." Once complete, turn this form into the State Office by the deadline listed above (Individual Player Evaluation Forms do NOT need to be turned in).

NAME	JERSEY #	ATHLETE/ PARTNER	BALL HANDLING	PASSING	MOVEMENT	GAME AWARENESS	SHOOTING	REBOUNDING	TOTAL SCORE	OVERALL RATING

OVERALL TEAM RATING: _____	TOP 5 RATING: _____	BOTTOM 5 RATING: _____
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5-ON-5 BASKETBALL GAME RECORDS FORM

Due IN HOUSE to the State Office by Monday, February 13, 2017.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2018, or email entries@soindiana.org



GENERAL INFORMATION

PROGRAM NAME: _____ AREA: _____

TEAM INFORMATION

HEAD COACH: _____
 EMAIL: _____
 CELL PHONE: (____) _____
 TEAM NAME: _____

TEAM CLASSIFICATION

Category:	Type:	Gender:	Level:
<input type="checkbox"/> TRADITIONAL	<input type="checkbox"/> JUNIOR	<input type="checkbox"/> MALE	<input type="checkbox"/> 1
<input type="checkbox"/> UNIFIED	<input type="checkbox"/> SENIOR	<input type="checkbox"/> FEMALE	<input type="checkbox"/> 2
	<input type="checkbox"/> MASTER		<input type="checkbox"/> 3
			<input type="checkbox"/> 4

GAME RECORDS

List **ALL** games played including those played during tournaments, leagues, or within your county. Make note of games where you're missing key players, team had an "off" night, or if there were unusual circumstances. **The opposing coach MUST sign your game record!**

DATE	OPPONENT	OUR SCORE	OPPONENT'S SCORE	Our team was...				
				Much Better	Somewhat Better	Similar	Somewhat Worse	Much Worse

Notes:

Opposing Coach's Signature: _____

Notes:

Opposing Coach's Signature: _____

Notes:

Opposing Coach's Signature: _____

Notes:

Opposing Coach's Signature: _____

Notes:

Opposing Coach's Signature: _____

Notes:

Opposing Coach's Signature: _____

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3-ON-3 BASKETBALL GAME RECORDS FORM

Due IN HOUSE to the State Office by Monday, February 13, 2017.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278,
fax (317) 328-2018, or email entries@soindiana.org



GENERAL INFORMATION

PROGRAM NAME: _____ AREA: _____

TEAM INFORMATION

HEAD COACH: _____
 EMAIL: _____
 CELL PHONE: (_____) _____
 TEAM NAME: _____

TEAM CLASSIFICATION

Type: Gender:
 JUNIOR MALE
 SENIOR FEMALE
 MASTER

GAME RECORDS

List **ALL** games played including those played during tournaments, leagues, or within your county. Make note of games where you're missing key players, team had an "off" night, or if there were unusual circumstances. **The opposing coach MUST sign your game record!**

DATE	OPPONENT	OUR SCORE	OPPONENT'S SCORE	Our team was...				
				Much Better	Somewhat Better	Similar	Somewhat Worse	Much Worse

Notes:

Opposing Coach's Signature: _____

Notes:

Opposing Coach's Signature: _____

Notes:

Opposing Coach's Signature: _____

Notes:

Opposing Coach's Signature: _____

Notes:

Opposing Coach's Signature: _____

Notes:

Opposing Coach's Signature: _____

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BASKETBALL ADAPTED & INDIVIDUAL SKILLS ENTRY FORM

Due IN HOUSE to the State Office by Monday, February 13, 2017.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278,
fax (317) 328-2018, or email entries@soindiana.org



PROGRAM INFORMATION

PROGRAM NAME: _____ AREA: _____

COUNTY COORDINATOR: _____ CELL PHONE: (____) _____

ENTRY LIST

Check box if athlete will advance to State Finals at Indiana State University	Check box if athlete will advance to State Finals at University of Indianapolis	NAME (FIRST NAME, LAST NAME)	Check box if athlete will compete in Adapted Skills	GENDER (M/F)	DATE OF BIRTH (Mo/Day/Yr)	TARGET PASS	10M DRIBBLE	SPOT SHOT	TOTAL SCORE
<input type="checkbox"/>	<input type="checkbox"/>	1.	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	2.	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	3.	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	4.	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	5.	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	6.	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	7.	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	8.	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	9.	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	10.	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	11.	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	12.	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	13.	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	14.	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	15.	<input type="checkbox"/>						

ENTRY NUMBERS SUMMARY

Number of INDIVIDUAL SKILLS COMPETITION Participants = _____

FOR COUNTY COORDINATOR USE ONLY

By signing the line below, the County Coordinator verifies that all information and entry numbers are correct.

X _____
County Coordinator Signature Date

CONFIDENTIALITY NOTICE

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