



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 135), 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.

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 onsite with Athlete Medicals for the duration of the event. The County coordinator signs forms to verify information.

Athlete Applications & Medicals:

All athletes are required to have an *Application for Participation* on file with the State Office (Part 1 only). Parts 1 and 2 and the *Medical Form* are to be kept on file with the County Program at all times. Athlete listings will be sent prior to events (see dates below), indicating that an application is on file and current. If an athlete is being registered for this event, and does not appear on this athlete listing, Part 1 of the application must be submitted with the entry form upon registration. Athlete Listings will be sent to programs the week of March 12, July 9, September 3, October 29 and December 17.

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.
- ▶ **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 3, 2018.

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.

COMPLETE SECTION IF DIFFERENT THAN THE COUNTY COORDINATOR.

NAME: _____
 ADDRESS: _____ CITY/STATE/ZIP: _____
 EMAIL: _____ CELL PHONE: (____) _____

TEAM INFORMATION

GENDER: M = MALE F = FEMALE

CLASS: T = TRADITIONAL U = UNIFIED

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

TEAM NAME	AGE GROUP			CLASS		GENDER		
	J	S	M	T	U	M	F	
1. _____ HEAD COACH: _____ EMAIL: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HEAD COACH: _____ EMAIL: _____	LIST ON DIRECTORY: <input type="checkbox"/> YES <input type="checkbox"/> NO							
2. _____ HEAD COACH: _____ EMAIL: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HEAD COACH: _____ EMAIL: _____	LIST ON DIRECTORY: <input type="checkbox"/> YES <input type="checkbox"/> NO							
3. _____ HEAD COACH: _____ EMAIL: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HEAD COACH: _____ EMAIL: _____	LIST ON DIRECTORY: <input type="checkbox"/> YES <input type="checkbox"/> NO							
4. _____ HEAD COACH: _____ EMAIL: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HEAD COACH: _____ EMAIL: _____	LIST ON DIRECTORY: <input type="checkbox"/> YES <input type="checkbox"/> NO							
5. _____ HEAD COACH: _____ EMAIL: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HEAD COACH: _____ EMAIL: _____	LIST ON DIRECTORY: <input type="checkbox"/> YES <input type="checkbox"/> NO							

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

This communication is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable law. If you are not the intended recipient(s), the dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy all copies of the original message and any attachments. Receipt by anyone other than the named recipient(s) does not constitute a waiver of any applicable privilege.

3-ON-3 BASKETBALL TEAM ENTRY FORM

Due IN HOUSE to the State Office by Monday, December 3, 2018.

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.

COMPLETE SECTION IF DIFFERENT THAN THE COUNTY COORDINATOR.

NAME: _____
 ADDRESS: _____ CITY/STATE/ZIP: _____
 EMAIL: _____ CELL PHONE: (____) _____

TEAM INFORMATION

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

GENDER: M = MALE F = FEMALE

TEAM NAME	GENDER		AGE GROUP		
	M	F	J	S	M
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAD COACH: _____ EMAIL: _____	LIST ON DIRECTORY:			<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAD COACH: _____ EMAIL: _____	LIST ON DIRECTORY:			<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAD COACH: _____ EMAIL: _____	LIST ON DIRECTORY:			<input type="checkbox"/> YES <input type="checkbox"/> NO	
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAD COACH: _____ EMAIL: _____	LIST ON DIRECTORY:			<input type="checkbox"/> YES <input type="checkbox"/> NO	
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAD COACH: _____ EMAIL: _____	LIST ON DIRECTORY:			<input type="checkbox"/> YES <input type="checkbox"/> NO	

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

This communication is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable law. If you are not the intended recipient(s), the dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy all copies of the original message and any attachments. Receipt by anyone other than the named recipient(s) does not constitute a waiver of any applicable privilege.

5-ON-5 BASKETBALL FINAL ROSTER FORM

Due IN HOUSE to the State Office by Monday, January 7, 2019.

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: _____

For Men's Teams, ASSIGNED SECTIONAL: _____

TEAM CLASSIFICATION

Category:	Type:	Gender:
<input type="checkbox"/> TRADITIONAL	<input type="checkbox"/> JUNIOR	<input type="checkbox"/> MALE
<input type="checkbox"/> UNIFIED	<input type="checkbox"/> SENIOR	<input type="checkbox"/> FEMALE
	<input type="checkbox"/> MASTER	

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

CONFIDENTIALITY NOTICE

This communication is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable law. If you are not the intended recipient(s), the dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy all copies of the original message and any attachments. Receipt by anyone other than the named recipient(s) does not constitute a waiver of any applicable privilege.

3-ON-3 BASKETBALL FINAL ROSTER FORM

Due IN HOUSE to the State Office by Monday, January 7, 2019.

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: _____
 For Men's Teams, ASSIGNED SECTIONAL: _____

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 =				

CONFIDENTIALITY NOTICE

This communication is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable law. If you are not the intended recipient(s), the dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy all copies of the original message and any attachments. Receipt by anyone other than the named recipient(s) does not constitute a waiver of any applicable privilege.

BASKETBALL COACH/CHAPERONE ENTRY FORM

Due IN HOUSE to the State Office by Monday, February 11, 2019.

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, INCLUDING WHICH TOURNAMENT THEY WILL ATTEND (WOMEN'S, YOUTH AND/OR MEN'S). CHECK ALL THAT APPLY.

FIRST Name	LAST Name	Gender Male/Female	WOMEN'S	YOUTH	MEN'S
1.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIST UNIFIED PARTNERS WHO ALSO WILL BE CHAPERONES DURING THE GAMES

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

CONFIDENTIALITY NOTICE

This communication is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable law. If you are not the intended recipient(s), the dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy all copies of the original message and any attachments. Receipt by anyone other than the named recipient(s) does not constitute a waiver of any applicable privilege.

5-ON-5 BASKETBALL GAME RECORDS FORM

Due **IN HOUSE** to the State Office by

Women's: Monday, February 11, 2019. Men's & Youth: MONDAY, February 18, 2019.

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: _____

For Men's Teams, ASSIGNED SECTIONAL: _____

TEAM CLASSIFICATION

Category: Type: Gender:

TRADITIONAL JUNIOR MALE

UNIFIED 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: _____				

CONFIDENTIALITY NOTICE
This communication is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable law. If you are not the intended recipient(s), the dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately and

3-ON-3 BASKETBALL GAME RECORDS FORM

Due **IN HOUSE** to the State Office by

Women's: Monday, February 11, 2019. Men's & Youth: MONDAY, February 18, 2019.

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: _____

For Men's Teams, ASSIGNED SECTIONAL: _____

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: _____

CONFIDENTIALITY NOTICE

This communication is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable law.

If you are not the intended recipient(s), the dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy all copies of the original message and any attachments. Receipt by anyone other than the named recipient(s) does not constitute a waiver of any applicable privilege.

BASKETBALL ADAPTED & INDIVIDUAL SKILLS ENTRY FORM

Due IN HOUSE to the State Office by Monday, February 11, 2019.

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: (____) _____

ASSIGNED SECTIONAL: _____

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"/>						

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

This communication is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable law. If you are not the intended recipient(s), the dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy all copies of the original message and any attachments. Receipt by anyone other than the named recipient(s) does not constitute a waiver of any applicable privilege.