



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 139), 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 quarterly.

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.

BASKETBALL TEAM ENTRY FORM

Due IN HOUSE to the State Office by Monday, December 9, 2019.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2019, or email entries@soindiana.org



PROGRAM INFORMATION

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

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

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

CLASS: T = TRADITIONAL U = UNIFIED

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

3-ON-3 BASKETBALL TEAM ENTRY FORM

Due IN HOUSE to the State Office by Monday, December 9, 2019.

Copy Form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2019, 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

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

TEAM NAME	AGE GROUP			GENDER	
	J	M	S	F	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 13, 2020.
 Copy form as needed.
 Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278,
 fax (317) 328-2019, 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: <input type="checkbox"/> TRADITIONAL <input type="checkbox"/> UNIFIED	Type: <input type="checkbox"/> JUNIOR <input type="checkbox"/> MASTER <input type="checkbox"/> SENIOR	Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

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 13, 2020.
 Copy Form as needed.
*Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278,
 fax (317) 328-2019, 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
 MASTER
 SENIOR

Gender:
 FEMALE
 MALE

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

Women's: Monday, February 17, 2020.

Men's & Youth: MONDAY, February 24, 2020.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2019, or email entries@soindiana.org



GENERAL INFORMATION

PROGRAM NAME: _____

AREA: _____

COUNTY COORDINATOR: _____

CELL PHONE: (____) _____

COACH/CHAPERONE LIST

LIST ALL CLASS A VOLUNTEERS (COACH/CHAPERONE) FROM YOUR COUNTY PROGRAM FOR THE BASKETBALL TOURNAMENT, INCLUDING UNIFIED PARTNERS WHO WILL BE ACTING AS COACH/CHAPERONE WHEN NOT COMPETING. SELECT EACH COMPETITION THEY WILL COACH/CHAPERONE. CHECK ALL THAT APPLY.

FIRST Name	LAST Name	CLASS A CERTIFIED	WOMEN'S	YOUTH	MEN'S
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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BASKETBALL PLAYER EVALUATION SUMMARY FORM

**Due IN HOUSE to the State Office by
Women's: Monday, February 17, 2020.
Men's & Youth: MONDAY, February 24, 2020.**

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278,
fax (317) 328-2019, or email entries@soindiana.org



TEAM INFORMATION:	TEAM CLASSIFICATION:
PROGRAM NAME: _____	TEAM:
TEAM NAME: _____	<input type="checkbox"/> 5-on-5
HEAD COACH: _____	<input type="checkbox"/> TRADITIONAL <input type="checkbox"/> JUNIOR
ASSIGNED SECTIONAL: _____	<input type="checkbox"/> UNIFIED <input type="checkbox"/> MASTER <input type="checkbox"/> MALE
	<input type="checkbox"/> SENIOR

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' "Overall Ratings" together and divide by the total number of players on the team. Record this value for "Overall Team Rating." Add the top 5 players' "Overall Ratings" together and divide by 5. Record this value for "Top 5 Rating." Add the bottom 5 players' "Overall Ratings" 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: _____

BASKETBALL GAME RECORDS FORM

Due **IN HOUSE** to the State Office by
Women's: Monday, February 17, 2020.
Men's & Youth: MONDAY, February 24, 2020.
 Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278,
 fax (317) 328-2019, or email entries@soindiana.org



GENERAL INFORMATION

PROGRAM NAME: _____ AREA: _____

TEAM INFORMATION

HEAD COACH: _____ EMAIL: _____ CELL PHONE: _____ TEAM NAME: _____ Men's Teams, ASSIGNED SECTIONAL: _____	TEAM CLASSIFICATION			
	TEAM: <input type="checkbox"/> 5-on-5 <input type="checkbox"/> 3-on-3	CATEGORY: <input type="checkbox"/> TRADITIONAL <input type="checkbox"/> UNIFIED	TYPE: <input type="checkbox"/> JUNIOR <input type="checkbox"/> MASTER <input type="checkbox"/> SENIOR	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE

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: _____				

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BASKETBALL INDIVIDUAL SKILLS ENTRY FORM

Due IN HOUSE to the State Office by Monday, February 17, 2020.

Copy form as needed.
 Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278,
 fax (317) 328-2019, 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 Ben Davis High School	Check box if athlete will advance to State Finals at University of Indianapolis	Check box if athlete will NOT be advancing to any State Finals	NAME (FIRST NAME, LAST NAME)	GENDER (M/F)	DATE OF BIRTH (Mo/Day/Yr)	TARGET PASS	10M DRIBBLE	SPOT SHOT	TOTAL SCORE
<input type="checkbox"/>	<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.						

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