

EKS GAMES SOFTBALL TEAM GAME RECORDS FORM

Due **IN HOUSE** to the State Office by Monday, August 8, 2022

Copy form as needed.
Email: entries@soindiana.org



**Special
Olympics
Indiana**



GENERAL INFORMATION

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

TEAM INFORMATION

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

TEAM CLASSIFICATION

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

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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