

# Flag Football Team Summary Form

Please send the completed entry packet to: [entries@soindiana.org](mailto:entries@soindiana.org).

**DEADLINE:** Monday, July 22, 2024

## PROGRAM INFORMATION

Program Name: \_\_\_\_\_ Area: \_\_\_\_\_  
County Coordinator Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
County Coordinator Email: \_\_\_\_\_ **Format cell phone: (XXX) XXX-XXXX**

## TEAM SUMMARY

### TEAM TOTALS

Number of Traditional Teams =

Number of Unified Teams =

**Total Number of Teams =**

**0**

## FORM COMPLETED BY:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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Program Name: \_\_\_\_\_

Area: \_\_\_\_\_

County Coordinator Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

County Coordinator Email: \_\_\_\_\_

## DIRECTORY INFORMATION

*This information will be listed on the Team Directory.*

**COMPLETE SECTION IF DIFFERENT THAN THE COUNTY COORDINATOR.**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## TEAM INFORMATION

**CLASS:** T = TRADITIONAL; U = UNIFIED

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

**GENDER:** M = MALE OR CoED / F = FEMALE

**LEVEL:** 1 = HIGH; 2 = AVERAGE; 3 = LOW

**Fill in Class Code: Using definitions to the Left: i.e TMM = Traditional (Class)/Master (age group) Male (gender - Male or Coed)**

You must list your Certified Head Coach, provide their contact information below.

**TEAM DESIGNATION**

	Team Name	Certified Head Coach	Directory Email	Phone	CLASS	LEVEL
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

## FORM COMPLETED BY:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

# Flag Football Final Roster Form

Please enter in GMS or send the completed entry packet to [entries@soindiana.org](mailto:entries@soindiana.org).

**DEADLINE: Monday, August 5, 2024**

## PROGRAM INFORMATION

Program Name: \_\_\_\_\_ Area: \_\_\_\_\_

County Coordinator Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

County Coordinator Email: \_\_\_\_\_

## TEAM INFORMATION

Team Name: \_\_\_\_\_

Head Coach: \_\_\_\_\_ (Head Coach must be certified)

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## FINAL ROSTER

FINAL ROSTER				TEAM CLASSIFICATION	
	Last Name	First Name	A/P	Class	
1				Traditional	
2				Unified	
3				Type	
4				Master	
5				Senior	
6				Junior	
7				Level	
8				1	
9				2	
10				3	

## FORM COMPLETED BY:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

# Flag Football Individual Skills Entry Form

Please send the completed entry packet to [entries@soindiana.org](mailto:entries@soindiana.org).

**DEADLINE: Monday, August 5, 2024**

## PROGRAM INFORMATION

Program Name: \_\_\_\_\_

County Coordinator Name: \_\_\_\_\_

County Coordinator Email: \_\_\_\_\_

## INDIVIDUAL SKILLS ENTRY LIST

For Gender enter M for Male and F for Female.

Skills score due Sep 9. Enter in GMS or add to original entry form

Due Sep 9

	Last Name	First Name	M/F	Total Score
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

## FORM COMPLETED BY:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

# Flag Football Game Records Form

PLEASE PRINT A COPY OF THIS FORM AND WRITE IN YOUR GAME RECORDS. YOU WILL NEED A SIGNATURE FROM THE COACH OF EACH OPPONENT YOU PLAY. Send your completed forms to [entries@soindiana.org](mailto:entries@soindiana.org)

**DEADLINE: Monday, September 9, 2024**

## PROGRAM INFORMATION

Program Name: \_\_\_\_\_ Area: \_\_\_\_\_  
 County Coordinator Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 County Coordinator Email: \_\_\_\_\_

## TEAM INFORMATION

Team Name: \_\_\_\_\_ Category:  Traditional  Unified  
 Head Coach: \_\_\_\_\_ Type:  Junior  Senior  Masters  
 Email: \_\_\_\_\_ Level:  1  2  3  
 Phone Number: \_\_\_\_\_

## FINAL ROSTER

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 any unusual circumstances. The opposing coach MUST sign your game record!

Game	Date	Opponent (Team Name, include County)	Team Score	Opponent's Score	How was Team against Opponent?				
					Much Better Than	Better Than	Similar	Worse Than	Much Worse Than
1									
	Notes:								
	Opponent Coaches' Signature:								
2									
	Notes:								
	Opponent Coaches' Signature:								
3									
	Notes:								
	Opponent Coaches' Signature:								
4									
	Notes:								
	Opponent Coaches' Signature:								
5									
	Notes:								
	Opponent Coaches' Signature:								