

Special Olympics North Carolina

2016-2017 Basketball Invitational Team Registration and Rating Summary Form



Location: _____ Date of Event: _____

Local Program: _____ Team Name: _____

Uniform Colors: _____

Head Coach: _____ (or primary contact) Email: _____

Primary Phone: _____
 (mobile phone preferred - where you can be reached on event date)

Please check Team Type: Traditional 3-on-3; Max of 6 players Masters 3-on-3; Max of 6 players Traditional 5-on-5; Max of 12 players

Please check event information to be sure the team level is offered at that event.

Enter scores here from the team skills assessments for individuals form

Last Season's Team Name (if skills, write <i>ISC</i>)	Athlete Name	Gender & Age	Jersey # (if available)	Ball Handling	Passing	Movement	Game Awareness	Shooting	Rebounding	Total (add)	Overall (divide/6)