

## Special Olympics Iowa Basketball Team Entry Form (3 on 3)

Delegation Name (local program) \_\_\_\_\_ Area (North, East, etc.) \_\_\_\_\_

Basketball Head Coach \_\_\_\_\_ Team Name \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ and / or Other Phone Number \_\_\_\_\_

Total # of Basketball Athletes \_\_\_\_\_ Total # of Coaches/Chaperones/1:1 Staff \_\_\_\_\_

**Please indicate type of team being registered:**

\_\_\_\_\_ **3 on 3 Competitive**      \_\_\_\_\_ **3 on 3 Developmental**

\_\_\_\_\_ **Junior**                              \_\_\_\_\_ **Senior**

Athlete's Name	Gender	D.O.B	√ If Unified Partner	Total Basketball Assessment Score	Overall Rating (Assessment Score divided by 6)
				<b>Overall Team Average</b>	

**Notes:**

1. Please complete a separate form for each team you are registering.
2. If registering multiple teams please identify each team with either a unique name and/or color (no numbers and/or letters). **Ex: Team Red and Team Blue**
3. Overall Team Average = add overall rating for each individual player and divide by the total number of athletes listed
4. **NO ALTERNATES** (maximize the roster)