**Special Olympics Iowa Basketball Team Entry Form (5 on 5)**

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: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Coed**

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| --- | --- | --- | --- | --- | --- |
| **Athlete’s Name** | **Gender** | **D.O.B** | **√ If****Unified Partner** | **Total Basketball Assessment Score** | **Overall Rating (Assessment Score divided by 6)** |
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|  |  |  |  | **Overall Team Average** |  |

**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