

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

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