**Special Olympics Iowa Basketball Team Entry Form (3 on 3 and 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate type of team being registered \_\_\_\_\_ 3 on 3 Competitive \_\_\_\_\_ 3 on 3 Developmental \_\_\_\_\_ 5 on 5 Team

Is team \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Coed Total # of Basketball Athletes \_\_\_\_\_ Total # of Coaches/Chaperones/1:1 Staff \_\_\_\_\_

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| --- | --- | --- | --- | --- |
| **Athlete’s Name** | **Gender** | **D.O.B** | **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. Maximum roster size for 3 on 3 is 5
3. Maximum roster size for 5 on 5 is 10
4. Overall Team Average = add overall rating for each individual player and divide by the total number of athletes listed
5. D.O.B. – Date of Birth (MM/DD/YY)
6. **NO ALTERNATES** (maximize the roster)

**\*Please send all registration materials to** **registrations@soiowa.org** **or to Special Olympics Iowa, 551 SE Dovetail Road, Grimes, IA 50111.**