

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 _____

Athlete's Name	Gender	D.O.B	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. 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.