

## Special Olympics Iowa Area Basketball Individual Skills Roster

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

Basketball Skills Head Coach \_\_\_\_\_ E-mail Address \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ and / or Other Phone Number \_\_\_\_\_

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

Athlete's Name	Gender	D.O.B	Check One		Target Pass Score	10M Dribble Score	Spot Shot Score	Total	Developmental Speed Dribble (ONLY) Score
			8' Hoop	10' Hoop					

- Notes:**
1. Speed Dribble is a developmental event and is a single event competition
  2. Place the athlete's score for each skill in the appropriate column and put the total of the three skills in the total column
  3. Please put an **√** in either the 8' Hoop or 10' Hoop to indicate which hoop the athlete will use for competition
  4. D.O.B. – Date of Birth (MM/DD/YY)