## 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 Ph	one Number	e Number and / or Other Phone Number				
Please indicate type of team being registered3 on 3 Competitive3 on 3 Developmental3 on 3 Unified						
5 on 5 Team5 on 5 Unified						
Is team Male Female Coe	Is team Male Female Coed Total # of Basketball Athletes Total # of Coaches/Chaperones/1:1 Staff					
Athlete's Name	Gender	D.O.B	Check 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. 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)