

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 Assisted Score	Developmental Speed Dribble Unassisted 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)