

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 ____ 3 on 3 Unified
____ 5 on 5 Team ____ 5 on 5 Unified

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

[illegible]

Notes:

1. Maximum roster size for 3 on 3 is 5
2. Maximum roster size for 5 on 5 is 10
3. Overall Team Average = add overall rating for each individual player and divide by the total number of athletes listed
4. **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.