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 Pho	and / or Other Phone Number				
Please indicate type of team being registe	red	3 on 3 Competitive3 on 3 Developmental3 on 3 Unified			
	5 on	5 Team 5 d	on 5 Unified		
Is team Male Female Coed Total # of Basketball Athletes Total # of Coaches/Chaperones/1:1 Staff					
Athlete's Name	Gender	Date of Birth (MM/DD/YY)	Check if Unified Partner	Total Basketball Assessment Score	Overall Rating (Assessment Score divided by 6)
			Overall Team Average (Total divided by number of players)		

Notes:

1. Maximum roster size for 3 on 3 is 6

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.