

**2016 BASKETBALL INDIVIDUAL SKILLS CONTEST ENTRY FORM**

Directions: A separate registration form must be completed on each participant and received by noon on Tuesday, March 8, 2016. Please send to:

Special Olympics Ohio  
3303 Winchester Pike  
Columbus, Ohio 43232

Participant Name: \_\_\_\_\_

Sex (Circle one):      Female      Male

Date of Birth:    \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
                                 Month    Day            Year

County/Organization: \_\_\_\_\_

Date & location of Area qualifying basketball skills contest:

\_\_\_\_\_

**ENTRY SCORES**

	<b>Spot Shot</b>	<b>Target Pass</b>	<b>Ten-Meter Dribble</b>	<b>Total</b>
<b>TRIAL 1</b>				
<b>TRIAL 2</b>				
<b>TRIAL 3</b>				
		Total of 3 trials		
		Average of 3 trials		

\_\_\_\_\_  
Coach's Signature

\_\_\_\_\_  
Date

**\*\* PLEASE DUPLICATE AS NEEDED BEFORE COMPLETING \*\***