



Robert W. Rickard, Executive Director
Martin S. Allen, Program Director
Paige Ludwig, Development Director

3303 Winchester Pike
Columbus, Ohio 43232
Phone (614) 239-7050
Fax (614) 239-1873
Website WWW.SOOH.ORG

TO: Special Olympics Ohio Coaches
FROM: Special Olympics Ohio
DATE: January 4, 2016
RE: 2016 State Basketball Individual Skills Contest

1. The State Basketball Individual Skills Contest will be held in conjunction with the State Team Basketball Team Tournament again this year. The competition will be held at Hilliard Darby High School in Franklin County on Saturday, March 19, 2016 from 10:00 a.m. - 1:00 p.m. The address of the High School is 4200 Leppert Road, Hilliard, OH 443026.. There will be a \$10.00 registration fee for each athlete entered in the skills contest. Payment of this fee is due at the time of the deadline, March 8, 2016. Also, individual skills athletes must qualify at an Area basketball skills contest. Contact your Area Director for information about these qualifying events.
2. In order for us to plan for this, you must fill out an entry form for each one of your participants. All forms must be returned to the state office by noon on Tuesday, March 8, 2016. For those of you familiar with submitting entries via gms, contact Marty Allen at the State Office prior to the deadline to receive the gms file. You will still need to submit a list of your coaches and medicals/releases for your athletes but it should save you time & you won't have to submit individual entry forms, roster, etc. in hard copy format.
 - a. Each event (1-3) is to be administered to each athlete and recorded on the Individual Entry Form.
 - b. The total of all three trials is to be averaged for the athlete's entry score. Use the scores from the qualifying area event as one of three trials.
3. Also, please fill out the basketball individual skills contest roster so that we can list your athletes in the program.
4. Athletes will be grouped according to age, sex, and ability. However, we may be forced, as in the past years, to combine some age groups in order to provide proper ability divisions.

5. The format of the skills contest will allow each contestant two non-consecutive time trials at the Ten Meter Dribble with his/her best score being converted into points. At the Target Pass, the athletes will have five passes and the sum of the points will be added to the other test scores. At the Spot Shot, the athlete's score will be the sum of points from all 12 shots. The scores from the 3 stations will be added to determine the final results.
6. There will be several sessions of the contest on Saturday, March 19th. Prior to the event, you will receive a copy of the heat sheets. Each session will have a short warm-up period preceding it.
7. Mandatory Pre-Registration: You must send in copies of your athlete participation/release forms with your entries. Remember, these must be properly prepared, dated, and be signed. You will still need to check-in the day of the event to turn in scratches and pick up last minute event information.
8. Awards will be Individual chapter medals and ribbons.

2016 BASKETBALL INDIVIDUAL SKILLS CONTEST ROSTER

County: _____ Organization Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____

ATHLETE'S NAME

Total number of athletes _____ x \$10.00 = _____ : Total Owed

I certify that the above named athletes have been tested in the three events of Basketball Individual Skills Contest as specified by Special Olympics Ohio and that all scores submitted are accurate test scores for each participant. Also, all skills coaches listed below have approved and current class "A" volunteer applications on file at the state office.

COACH'S NAME: _____ DATE: _____

ASST. COACHES: _____

****RETURN THIS ROSTER FORM, INDIVIDUAL ENTRY SHEETS, AND \$10.00 PER ATHLETE REGISTRATION FEE TO THE STATE OFFICE BY NOON ON MARCH 8, 2016****

2016 FAMILY REGISTRATION FORM

Directions: If you are planning or interested in attending the 2016 Special Olympics Ohio State Basketball Tournament March 18-19, 2016 at Hilliard High School in Hilliard. Please fill out this form and mail it to:

Hospitality Committee

Special Olympics Ohio

3303 Winchester Pike
Columbus, Ohio 43232

Registered families will receive a tournament schedule, maps, directions, motel information and family ribbons.

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STATE BASKETBALL INDIVIDUAL SKILLS

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Special Olympian's Name: _____

Name of Local Organization/County: _____

Number of Family Members attending: _____