

2017 BASKETBALL INDIVIDUAL SKILLS CONTEST ENTRY FORM

Directions: A separate registration form must be completed on each participant and receive by noon on Tuesday, March 7 2017. 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

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

Coach's Signature

Date

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

2017 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 7, 2017.**

2017 FAMILY REGISTRATION FORM

Directions: If you are planning or interested in attending the 2017 Special Olympics Ohio State Basketball Tournament March 24-25, 2017 at Bowling Green High School in Bowling Green. Please fill out this form and mail it to:

Hospitality Committee

Special Olympics Ohio
3303 Winchester Pike
Columbus, OH 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 Code: _____

Phone: _____

Special Olympian's Name: _____

Name of Local Organization: _____

Number of Family Members attending: _____