

**2018 BASKETBALL INDIVIDUAL SKILLS CONTEST ENTRY FORM**

Directions: A separate registration form must be completed on each participant and receive by noon on Wednesday, March 7, 2018. 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\*\***

**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, 2018.**

**2018 FAMILY REGISTRATION FORM**

Directions: If you are planning or interested in attending the 2018 Special Olympics Ohio State Basketball Tournament March 23-24, 2018 at Strasburg-Franklin High School in Strasburg. 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.



**STATE BASKETBALL INDIVIDUAL SKILLS**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Special Olympian's Name: \_\_\_\_\_

Name of Local Organization: \_\_\_\_\_

Number of Family Members attending: \_\_\_\_\_