

BASKETBALL ADAPTED & INDIVIDUAL SKILLS ENTRY FORM

Due IN HOUSE to the State Office by Monday, February 15, 2016.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278,
fax (317) 328-2018, or email entries@soindiana.org



PROGRAM INFORMATION

PROGRAM NAME: _____ AREA: _____

COUNTY COORDINATOR: _____ CELL PHONE: (_____) _____

ENTRY LIST

Check box if athlete will advance to State Finals at Indiana State University	Check box if athlete will advance to State Finals at University of Indianapolis	NAME (FIRST NAME, LAST NAME)	Check box if athlete will compete in Adapted Skills	GENDER (M/F)	DATE OF BIRTH (Mo/Day/Yr)	TARGET PASS	10M DRIBBLE	SPOT SHOT	TOTAL SCORE
<input type="checkbox"/>	<input type="checkbox"/>	1.	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	2.	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	3.	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	4.	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	5.	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	6.	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	7.	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	8.	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	9.	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	10.	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	11.	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	12.	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	13.	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	14.	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	15.	<input type="checkbox"/>						

ENTRY NUMBERS SUMMARY

Number of INDIVIDUAL SKILLS COMPETITION Participants = _____

FOR COUNTY COORDINATOR USE ONLY

By signing the line below, the County Coordinator verifies that all information and entry numbers are correct.

X _____
County Coordinator Signature Date

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