

Basketball
Individual Skills Competition Registration Form

Team Name: _____

Head Coach: _____

Day Phone: _____

	Athlete Names	Age	Event Pre-Scores				Total Points
			Target Pass	Speed Dribble	Spot Shot	net height	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Please indicate wheelchair athletes with an **WC** next to their name

Please return to SORI