

**SPECIAL OLYMPICS RHODE ISLAND
TRADITIONAL BASKETBALL LEAGUE PLAY INFORMATION SHEET**

TEAM NAME: _____

HEAD COACH: _____	PHONE (W): _____
	(H): _____
ADDRESS: _____	
CITY: _____	STATE _____ ZIP _____

ASSISTANT COACH: _____	PHONE (W): _____
	(H): _____
ADDRESS: _____	
CITY: _____	STATE _____ ZIP _____

PLAYING SITE HOME GAMES: _____
STARTING TIME OF HOME GAMES: _____
SPECIFIC DIRECTIONS TO HOME PLAYING SITE: _____

NUMBER OF TEAMS ENTERED IN LEAGUE PLAY: _____
IF YOU ENTERED MORE THAN ONE TEAM, CAN THEY BE SPLIT UP _____
Explain: _____

PLEASE INDICATE BELOW PRACTICE TIMES AND LOCATIONS:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Return to:

Casie Rhodes Special Olympics Rhode Island, 370 George Washington Highway, Smithfield, RI 02917

**SPECIAL OLYMPICS RHODE ISLAND
TRADITIONAL TEAM ROSTERS**

TEAM NAME: _____

HEAD COACH: _____

Please rank team:

A B C D

Team #1	Uniform #	Uniform #
1. _____	_____	6. _____
2. _____	_____	7. _____
3. _____	_____	8. _____
4. _____	_____	9. _____
5. _____	_____	10. _____

Please rank team:

A B C D

Team #2	Uniform #	Uniform #
1. _____	_____	6. _____
2. _____	_____	7. _____
3. _____	_____	8. _____
4. _____	_____	9. _____
5. _____	_____	10. _____

Please rank team:

A B C D

Team #3	Uniform #	Uniform #
1. _____	_____	6. _____
2. _____	_____	7. _____
3. _____	_____	8. _____
4. _____	_____	9. _____
5. _____	_____	10. _____