



5-ON-5 BASKETBALL TEAM ENTRY FORM

Due IN HOUSE to the State Office by **Monday, December 7, 2009**. Copy form as needed.
 Special Olympics Indiana; 6100 W. 96th Street, Suite 270; Indianapolis, IN 46278, fax (317) 328-2018,
 or email entries@soindiana.org



Program Information

County Program: _____ Area: _____

County Coordinator: _____

Address: _____ City: _____ Zip Code: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

Team Information

Level: 1 = High 2 = Above Average 3 = Average 4 = Low

Gender: M = Male F = Female

Age: J = Junior (15 & under) S = Senior (21 & under) M = Master (22 & over)

Class: T = Traditional U = Unified Sports® O = Open

Team Nickname	Class			Age			Gender		Level				
	O	T	U	J	S	M	M	F	1	2	3	4	
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For County Coordinator Use Only

By signing the line below, the County Coordinator verifies that entry numbers are correct and the amount listed is to be transferred.

X _____

County Coordinator Signature



3-ON-3 BASKETBALL TEAM ENTRY FORM

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Program Information

County Program: _____ Area: _____

County Coordinator: _____

Address: _____ City: _____ Zip Code: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

Team Information

Gender: M = Male F = Female					
Age: J = Junior (15 & under) S = Senior (21 & under) M = Master (22 & over)					
Team Nickname	Age			Gender	
	J	S	M	M	F
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Entry Fee: _____ teams @ \$30 each = \$ _____

For County Coordinator Use Only

By signing the line below, the County Coordinator verifies that entry numbers are correct and the amount listed is to be transferred.

X _____

County Coordinator Signature



5-ON-5 BASKETBALL FINAL ROSTER FORM

Due IN HOUSE to the State Office by **Monday, January 11, 2010**. Copy form as needed.
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Program Information

County Program: _____ Area: _____
 County Coordinator: _____
 Address: _____ City: _____ Zip Code: _____
 Daytime Phone: _____ Cell Phone: _____
 Email: _____

Final Roster

Team Name: _____
 Head Coach: _____

Team Classification:

- Traditional Unified Sports®
- Junior Senior Master
- Male Female
- Level: 1 2 3 4

	Last Name	First Name	Athlete / Partner
1.			<input type="checkbox"/> A <input type="checkbox"/> P
2.			<input type="checkbox"/> A <input type="checkbox"/> P
3.			<input type="checkbox"/> A <input type="checkbox"/> P
4.			<input type="checkbox"/> A <input type="checkbox"/> P
5.			<input type="checkbox"/> A <input type="checkbox"/> P
6.			<input type="checkbox"/> A <input type="checkbox"/> P
7.			<input type="checkbox"/> A <input type="checkbox"/> P
8.			<input type="checkbox"/> A <input type="checkbox"/> P
9.			<input type="checkbox"/> A <input type="checkbox"/> P
10.			<input type="checkbox"/> A <input type="checkbox"/> P
11.			<input type="checkbox"/> A <input type="checkbox"/> P
12.			<input type="checkbox"/> A <input type="checkbox"/> P



3-ON-3 BASKETBALL FINAL ROSTER FORM

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Program Information

County Program: _____ Area: _____

County Coordinator: _____

Address: _____ City: _____ Zip Code: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

Final Roster

Team Name: _____

Head Coach: _____

Team Classification:		
<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	<input type="checkbox"/> Master
<input type="checkbox"/> Male	<input type="checkbox"/> Female	

Name of Athlete (First, Last)	Dribbling	Perimeter Shooting	TOTAL
1.			
2.			
3.			
4.			
5.			
6.			
TEAM TOTAL SCORE			



5-ON-5 BASKETBALL GAME RECORDS FORM

Due IN HOUSE to the State Office by **Monday, March 1, 2010**. Copy form as needed.
 Special Olympics Indiana; 6100 W. 96th Street, Suite 270; Indianapolis, IN 46278, fax (317) 328-2018,
 or email entries@soindiana.org



Program Information

County Program: _____ Area: _____

County Coordinator: _____

Address: _____ City: _____ Zip Code: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

Game Records

Team Name: _____

Head Coach: _____

Team Classification:	
<input type="checkbox"/> Traditional	<input type="checkbox"/> Unified Sports®
<input type="checkbox"/> Junior	<input type="checkbox"/> Senior <input type="checkbox"/> Master
<input type="checkbox"/> Male	<input type="checkbox"/> Female
Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	

Game Record

Our team was:

Game	Date	Opponent	Our Score	Their Score	Much Better	Somewhat Better	Similar	Somewhat Worse	Much Worse
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									



3-ON-3 BASKETBALL GAME RECORDS FORM

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Program Information

County Program: _____ Area: _____

County Coordinator: _____

Address: _____ City: _____ Zip Code: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

Game Records

Team Name: _____

Head Coach: _____

Team Classification:		
<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	<input type="checkbox"/> Master
<input type="checkbox"/> Male	<input type="checkbox"/> Female	

Game Record

Our team was:

Game	Date	Opponent	Our Score	Their Score	Much Better	Somewhat Better	Similar	Somewhat Worse	Much Worse
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									



BASKETBALL INDIVIDUAL SKILLS ENTRY FORM

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Program Information

Page ___ of ___

County Program: _____ Area: _____

County Coordinator: _____

Address: _____ City: _____ Zip Code: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

Entry List

Check box if athlete will advance to State Finals	NAME First, Last	Gender M / F	Age	Target Pass	10m Dribble	Spot Shot	TOTAL SCORE
<input type="checkbox"/>	1.						
<input type="checkbox"/>	2.						
<input type="checkbox"/>	3.						
<input type="checkbox"/>	4.						
<input type="checkbox"/>	5.						
<input type="checkbox"/>	6.						
<input type="checkbox"/>	7.						
<input type="checkbox"/>	8.						
<input type="checkbox"/>	9.						
<input type="checkbox"/>	10.						
<input type="checkbox"/>	11.						
<input type="checkbox"/>	12.						
<input type="checkbox"/>	13.						
<input type="checkbox"/>	14.						
<input type="checkbox"/>	15.						



BASKETBALL COACH/CHAPERONE ENTRY FORM

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County Program: _____

Please list all Class A volunteers (coach/chaperone) from your County Program for the Basketball Tournament.

Last Name	First Name	Team Nickname	Team Gender Male/Female	Completed VOLUNTEER APPLICATION	CVO Trained	Completed ONLINE PROTECTIVE BEHAVIORS
1.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>