

# Special Olympics Colorado BASKETBALL SKILLS ENTRY FORM

Region: \_\_\_\_\_

Day of Contact: \_\_\_\_\_

Coach Name(s): \_\_\_\_\_

Coach E-mail(s): \_\_\_\_\_

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

**DO NOT FILL OUT IF ATHLETES ARE COMPETING IN TEAM COMPETITION.**

ATHLETE NAME	GENDER	DOB	INDIVIDUAL OR TEAM SKILLS?	TEAM SKILLS NAME, IF APPLICABLE	ENTRY SCORE	WHEELCHAIR YES OR NO	BALL CHOICE* M OR F	8 FT BASKET HGHT YES OR NO (JR or WHEELCHAIR ONLY)
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

**\*Ball Choice for Competition -- Mark type of ball used for competition in ball choice column.**

Senior Males will use male regulation ball  
Females and Junior Males - Choice of either male or female regulation ball

Do you plan on attending the state competition?

**Yes** **No**