

**Special Olympics Colorado
SOFTBALL RATING SUMMARY FORM**

**Special
Olympics
Colorado**



Region: _____ Day of Contact: _____

Team/Program: _____

Unified _____

Coach Name(s): _____

Traditional _____

Coach E-mail(s): _____

Athlete/Partner Name	Partner/ Athlete	Gender	DOB	Overall Rating
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
Alt. 1				
Alt. 2				
Bat Boy/Girl:				

Do you plan on attending the state competition?	
Yes	No

Modified Softball Team?	
Yes	No

Are you missing any key players?	
Yes	No

TEAM LEVEL <small>(circle or check one) Level 1 being the highest</small>	Level 1 <small>(highest)</small>	Level 2	Level 3	Level 4 <small>(lowest)</small>
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TEAM STRENGTH If you brought a team from this program to last year's competition, this year's team is:
STRONGER EQUAL WEAKER

Anything unique we should know about your team?

Name of your team fitness captain if applicable: