

Individual Basketball Skills Competition Registration Form



Team Name: _____

Head Coach: _____

Phone: _____

(Must attend 75% of practice sessions to qualify for the tournament)

		Pre-Scores				
Name <small>(Please indicate wheelchair athletes with a "WC" next to their name)</small>	Age	Target Pass	Speed Dribble	Spot Shot	Net Height	Total Points
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						