

(OVER)

2015 DISTRICT/REGIONAL TEAM BASKETBALL

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Team Name: _____

Total Agency number of coaches and chaperones that will be attending this district tournament: _____

Reminder: athlete to coaches/chaperone ratio is minimum of 4:1

Will you be taking qualifying team(s) to the sectional tournament? ☐ Yes ☐ No

LIST ALL BASKETBALL GAMES PLAYED THIS SEASON.

(A minimum of **TWO GAMES** must be documented here **before** the registration deadline date. **ONE** game must be played against a team from another Special Olympics Agency.)

****Remember – the more information you give us, the more accurate your divisioning****

AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF GAME	YOUR SCORE	THEIR SCORE
Comments:				
Comments:				
Comments:				
Comments:				