

2015 DISTRICT BASKETBALL SKILLS REGISTRATION

ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

***Head Coach: _____ W: (_____) H: (_____) _____

Address: _____ (City) (State) (Zip)

Fax: (_____) E-mail: _____

Cell phone contact number while at the Tournament: (_____) _____

RETURN THIS FORM TO THE HOST REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE!

I have verified that all chaperones attending the tournament are
approved SOWI Class A certified volunteers ☐ (check ☒).

Number of coaches and chaperones that will attend this district tournament: _____

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

Will you be taking qualifying athletes to the state tournament? ☐ Yes ☐ No

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	EVENT CODE	*QUALIFYING SCORE	BASKETBALL HOOP HEIGHT**	BASKETBALL SIZE MEN/WOMEN**	BOUNCE/ CHEST PASS****
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

*Refer to basketball skills rules to calculate final score to use as qualifying score.

**Refer to the rules for hoop height and ball size by age group.

***Registered information for this district event will be sent to the person listed as head coach.

****Must designate chest or bounce pass for Level II Catch and Pass Skill