



# BASKETBALL SKILLS ENTRY FORM



AREA #: \_\_\_\_\_ AGENCY: \_\_\_\_\_

Certified Coach Registered with SOGA: \_\_\_\_\_ Phone Number: \_\_\_\_\_

	ATHLETE'S LAST NAME	FIRST NAME	M or F	DOB	ISC SCORE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

⇒ The Individual Skills Contest scores will be used to place your athletes in a group of other athletes with similar ability.  
⇒ Please be as accurate as possible.