



Special Olympics

FLOOR HOCKEY ATHLETE'S ISC SCORECARD

Athlete's Name _____

Team/Coach _____

Group (M/F) ____

Classification (Age) ____

Division Number ____

EVENTS	Attempts					Score
	1	2	3	4	5	
1. Shoot Around the Goal						
2. Pass						
3. Shoot for Accuracy						
4. Stickhandling	Time	Cones Missed	Bonus			
5. Defense						
TOTAL						

Registrar's Signature _____

