



# TEAM SKILLS BASKETBALL ENTRY FORM



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

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

<b><u>AGE GROUPS</u></b>		
___ Junior (age 8-15)	___ Senior (ages 16-21)	___ Masters (ages 22 and over)

To assist in Divisioning your team, please provide team scores for 10 rounds of a practice or game.

Round 1 Score: _____	Round 3 Score: _____	Round 5 Score: _____	Round 7 Score: _____	Round 9 Score: _____
Round 2 Score: _____	Round 4 Score: _____	Round 6 Score: _____	Round 8 Score: _____	Round 10 Score: _____

	ATHLETE'S LAST NAME	FIRST NAME	M or F	DOB
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

⇒ A **maximum** of ten (10) players on this Team may attend the Games..... Your Team must have a **minimum** of six (6) to attend.