

Special Olympics Hawaii Team Basketball

DELEGATION NAME: _____ DELEGATION CONTACT NAME: _____

DAY PHONE: _____ E-MAIL ADDRESS: _____

Head Coach's Name _____ Head Coach e-mail: _____

Team Name: _____ (do not give the same name as Delegation if you have more than 1 team)

Only 1 team per page

BSAT: Basketball Skills Assessment Test

	Name	Unified Partner	Wheel chair	Vegetarian	Team BSAT Score
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

Athletes that are competing in Team Basketball will be entered on this form. BSAT Score is for your team members, this assessment is found in the Basketball Rules and Guidelines.

If a delegation has 12 athletes entered in Team Basketball, they must be entered as 2 teams. Please list 1 team only on the registration form.

Place an X in the box if the answer is Yes for that individual.

Place a V in the Veg column if the athlete is a Vegan vegetarian.