

Team Name: _____

1. Competition Record for Previous Three Games: Please list three games played in this competition season against another team - please submit any games played prior to area competition (we will receive area results from Area Coordinator).

Opponent*	Date	Score	Winner of Game Our team/Opponent	Our Team Stronger/Equal/Weaker than opponent

2. If you brought this team to state last year, is your team (please underline or bold) :
Stronger Equal Weaker New Team

3. If this team came to last year's competition, what was their name last year (i.e. Wild Angels **Silver**)?
-

4. Are you missing any key players? If so, please explain:
-

5. Any Additional Team Information about your team's ability level:
-

6. If your delegation is bringing more than one team to the basketball tournament, please rank your teams in order of their strength and indicate which division (1 - 5, 1 being strongest division) you feel they should play:

Team Name	Type	Division
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. If this team competed in the Special Olympics Minnesota State Basketball Tournament last year, do you feel they were divisioned appropriately for their abilities?

(Please underline or bold)

Yes

No

If No, should they have been higher or lower?

(Please underline or bold)

Higher

Lower

Information Submitted by:

Head Coach

Date