

3v3 or 5v5

Area/ County: _____

(Please highlight/ circle one)

Basketball Rating Team Summary Form

Head Coach: _____

Team Name: _____ ID# _____

Phone number: _____

Team Color: _____ (Ex. 01)

 This team is intersted in attending Summer Games

Total Team Rating: _____

(Add all scores and divide by number of players)

Top 5 Players: _____ Bottom 5 Players: _____

(5v5- Add top 5 scores and divide by 5) (5v5- Add bottom 5 scores and divide by 5)

(3v3- Add top 5 scores and divide by 3) (3v3- Add bottom 5 scores and divide by 3)

Name	Age	Athlete / Partner	Ball Handling	Passing	Movement	Game Awareness	Shooting	Rebounding	Total
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Alternates:									
1									
2									
3									
4									

Submit this form with your Entry Information for this Spring Sectional