

Traditional Unified  
Circle One

Delegation \_\_\_\_\_

## Special Olympics Pennsylvania Volleyball Rating Team Summary Form

Head Coach: \_\_\_\_\_

Team Name: \_\_\_\_\_

ID # \_\_\_\_\_

(Ex. 01)

Phone Number: \_\_\_\_\_

Team Color: \_\_\_\_\_

\_\_\_\_\_ This team is interested in attending Fall Festival

**TOTAL Team Rating:** \_\_\_\_\_  
(Add all total scores and divide by number of players)

**Top 6 Players:** \_\_\_\_\_  
(Add top 6 total scores and divide by 6)

**Bottom 6 Players:** \_\_\_\_\_  
(Add bottom 6 total scores and divide by 6)

\* Note: If roster is less than 10 players, please still include the bottom 6 players

### Summary of Team Assessment

*Please list players in order from highest to lowest rating. Remember - Individual Skills Athletes may not be listed on your Team Roster.*

Name	Athlete / Partner	Serving	Passing / Setting	Blocking	Attacking / Hitting	Communication	Game Awareness	Movement	TOTAL
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
<b>Alternates:</b>									
1									
2									
3									
4									

**Submit this form with your Entry Information for Fall Sectional**