2012 STATE INDOOR SPORTS TOURNAMENT
TEAM BASKETBALL REGISTRATION FORM

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Fax: (_____) _____ E-mail: _____

Phone H: (_____) _____ Phone W: (_____) _____

RETURN THIS FORM TO YOUR REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS BY DEADLINE DATE!

Team Name: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Each team must have a unique name up to **15 characters long**. This name will be used at all competitions.

CHECK ALL ITEMS:

☐ New Team ☐ Existing Team

List in Alphabetical Order

	ATHLETE NAME (LAST NAME, FIRST NAME)	**M/F**	**HEIGHT**	**BSAT SCORE**
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
COMPUTE THE TOP SEVEN BSAT SCORES AVERAGE				

(OVER)

2012 STATE TEAM BASKETBALL

Please Print Clearly:

Agency Number: _____

Agency Name: _____

Team Name: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Please list all of the teams you have played:

AGENCY NUMBER		OPPOSING TEAM OFFICIAL NAME (BE SPECIFIC)	DATE OF GAME	YOUR SCORE	THEIR SCORE
1.					
2.					
3.					
4.					
DISTRICT COMPETITION					
1.					
2.					

MUST HAVE AT LEAST TWO DOCUMENTED GAMES PLUS DISTRICT COMPETITION UPON REGISTRATION FOR STATE GAMES. LIST ADDITIONAL GAMES BELOW.

_____

_____

_____

_____

TEAM EVALUATION COMMENTS:

Briefly provide input on the ability of your team, i.e. loss or addition of key players from last year.

_____

_____

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