



Special Olympics
Missouri

SOFTBALL TEAM SKILLS ENTRY FORM

Team Name: _____

Agency Name: _____ Code: _____ Area: _____

Mailing Address: _____ City: _____ Zip: _____

Head Coach Name: _____ Cell Phone: _____

Assistant Coach Name: _____ Cell Phone: _____

Please designate with a check mark (✓)

Event Competing in: CHECK ONE

Team Skills Softball _____
(Maximum 7 players. Division based
on 5 complete rounds – Max 50pts)

Age Group: CHECK ONE

Juniors (8 – 15) _____

Seniors (16 – 21) _____

Masters (22 - 39) _____

Senior-Master (40+) _____

Sex: CHECK ONE

Male _____

Female _____

CHECK ONE

State _____

ROSTER

Player's Name	Birth Date	Sex	Down's Syndrome (Y or N)
1			
2			
3			
4			
5			
6			
7			
Total Team Points for 1 Complete Game			

Jan-14

Coaches, please provide the following information on your team. This information will help the to division your team fairly and properly for district play.

1. Previous competition record

Opponent	Date	Score(Win/Loss)	Ability of Opponents*

*in comparison to your team *stronger/equal/weaker*

2. Team Strength

If you brought a team from this program to last year's competition, is this year's team:

Stronger___ **Equal**___ **Weaker**___ **N/A**

Will any of your key players not be playing in the competition?

If Yes, explain impact on team performance:

3. Additional team information

Place an "X" by any of the skills listed below that describe your team's ability level.

- ___ The infield can turn a double play at least 50% of the time
- ___ The outfield consistently throws the ball to the proper cut-off person
- ___ The pitcher does not generally walk more than two batters per inning
- ___ At least 50% of the [players know when to tag up and run

Please add any information that would further help describe your team's ability.

Information submitted by:

Head Coach _____ Date: _____

Signature: _____