Special Olympics Missouri

Softball Rating Summary Roster Form

Team Name: _____ **Agency Number & Name:** _____

Head Coach, E-mail & Cell Phone # **Agency Contact Name & E-mail:**

Team Gender: **M** **F** (Check One) **Age Group:** 8-15 Juniors 16-21 Seniors 22-39 Masters 40+ Senior-Masters (Check one)

(One athlete in a higher Age Group puts the entire team in that Age Group except in the Senior-Masters in which 80% of the players must be 40+)

Type of Team: T-Ball Coach Pitch Regulation Unified

Total Team Ave: _____ **Check ALL that applies:** Area Regional State

(Add all scores and divide by number of players)

Summary of Individual Assessment

Please list player's in order from highest to lowest rating.

Name	Birthdate	Sex	Athlete/ Partner	Hitting	Fielding	Base Running	Game Awareness	Throwing	Pitching	Catching	Overall Rating