

BASKETBALL ALL STAR ENTRY FORM

Region _____

Team Name _____

Head Coach _____

Please refer to Coach
scoresheet and the
powerpoint for information
on scoring.

Summary of Individual Assessment

Please list player's in alphabetical order

	Athlete Name	Athlete/ Partner	Date of Birth	Lay-ups	Vertical Jump	30 Second Jump	¾ court sprint	Lane Agility	Dribbling	Shooting	Explosive Passing	Pro-Level Challenge	Total
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
<div style="border: 1px solid black; padding: 5px;"> <p>Would you like your team entered in the overall team competition?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p> </div>													