MPS ADAPTIVE ATHLETICS BASKETBALL SKILLS TOURNAMENT ENTRY FORM

SCHOOL: _____ **COACH'S NAME:** _____

Level (Circle One): Elementary K-8 Middle High

Event Codes:

Basketball Skills Level:	Skills Level 1 (Lower Ability)	Skills Level 2 (Higher Ability)
Event Code:	1	2

Name Last, First (Alphabetical Order)	**Sp. Ed. Cat. CD, OI, OHI, AUT, EBD, etc**	**Level of Social Functioning H, M, L**	**Event Code** (See Above)	**BSAT Score**	For level 1 only, please check if using 8' basket	Please check if wheelchair user	Please check if athlete receives daily direct nursing services

Return via inter-school mail to Annie McGinnity/OASIS or fax to 647-6079 by entry deadline date.