REVISED

MPS Adaptive Athletics

Basketball Skills Tournament Entry Form

Please completes **ALL** information on this entry form. **PLEASE PRINT LEGIBLY**. Incomplete entry forms will be returned.
Return via school delivery to Recreation/O.A.S.I.S., Annie McGinnity or fax to **(414) 647-6079** on or before the entry deadline date.

School:

Coach:

Level (circle one): Elementary K-8 Middle High

Date Choice: (See tournament information sheet for dates.)

Skills Levels: Level **1** (less skilled) Level **2** (more skilled)

Athlete's Name (last, first) in alphabetical order	**Special Ed Category** (CD, OI, OHI, AUT, EBD, etc)	**Social Functioning Level** (L, M, H)	**Wheelchair User?** (please check if applicable)	**Daily Nursing Services?** (please check if applicable)	**Skills Level** (1 or 2)	Please check for **8' Basket** (for Skills **Level 1 ONLY**)	Please check for **2-Handed Dribble** (for Skills **Level 1 ONLY**)	**BSAT Score** (Do not leave blank. See tournament information sheet for instructions.)

AM:ljm 011111 5c