

2012 SECTIONAL TEAM BASKETBALL

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Team Name: _____

Total agency number of coaches and chaperones that will be attending this sectional tournament: _____

Reminder: athlete to coaches/chaperone ratio is minimum of 4:1

Will you be taking qualifying team(s) to the State tournament? Yes No

Please list all of the teams you have played:

AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME (BE SPECIFIC)	DATE OF GAME	YOUR SCORE	THEIR SCORE
1.				
2.				
3.				
4.				
DISTRICT COMPETITION				
1.				
2.				

MUST HAVE AT LEAST TWO DOCUMENTED GAMES PLUS DISTRICT COMPETITION UPON REGISTRATION FOR STATE GAMES. LIST ADDITIONAL GAMES BELOW.

TEAM EVALUATION COMMENTS:

Briefly provide input on the ability of your team, i.e. loss or addition of key players from last year.
