

# Volleyball Team Entry and Rating Summary Form

**Special  
Olympics  
Washington**



Delegation: \_\_\_\_\_

Team Name: \_\_\_\_\_

Team Gender: Male

Age Group:  8-15  16-21  22+

Team Type:  Traditional  Unified

**Please list players in order from highest to lowest rating.**

Name	Jersey #	Athlete/ Partner	DOB	Serving	Passing/ Setting	Blocking	Attacking/ Hitting	Communication	Game Awareness	Movement	Total
		Athlete									
		Athlete									
		Athlete									
		Athlete									
		Athlete									
		Athlete									
		Athlete									
		Athlete									
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		Athlete									
		Athlete									
		Athlete									
		Athlete									

Please divide your total team score by the amount of players on your roster and place it in the box to the right. If you have a decimal, round up/down to the nearest tenth:

**OVERALL  
TEAM RATING:**

***\*Do not attach Individual Skills Assessment form when submitting!***

***\*Attach "Team Cover Sheet" when submitting this form!***