

# 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									
		Athlete									
		Athlete									
		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!***