Volleyball Team Entry and Rating Summary Form

Delegation: _____ **Team Name:** _____

Team Gender: Male **Age Group:** ☐ 8-15 ☐ 16-21 ☐ 22+

Team Type: ☐ Traditional ☐ Unified

Special Olympics Washington

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									

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!*