



Soccer Team Entry and Rating Summary Form

Delegation: _____

Team Name: _____

Team Gender: _____

Age Group: _____

Total Team Rating: _____
(Add all scores and divide by # players)

Top 5 Players: _____
(Add top 5 scores and divide by 5)

Bottom 5 Players: _____
(Add bottom 5 scores and divide by 5)

Please list player's in order from highest to lowest rating:

Name	Jersey #	A or P	Game Awareness	Dribbling	Passing	Shooting	Defense	Total	GK Score	Overall Total

**Please submit only this form for registration.*