Softball & T-Ball Team Entry and Rating Summary Form

Delegation: _____ **Team Name:** _____

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

Team Type: ☐ Traditional ☐ Unified **Event:** ☐ Softball ☐ T-Ball

Special Olympics Washington

Please list players in order from highest to lowest rating.

Name	Jersey #	Athlete/ Partner	DOB	Hitting	Fielding	Base Running	Game Awareness	Throwing	Pitcher Score	Catcher Score	**Total**
		Athlete									
		Athlete									
		Athlete									
		Athlete									
		Athlete									
		Athlete									
		Athlete									
		Athlete									
		Athlete									
		Athlete									
		Athlete									
		Athlete									
		Athlete									
		Athlete									
		Athlete									
		Athlete									

TEAM RATING determined by team average. Add individual players score and divide by the number of players on roster.

FINAL REGISTRATION: Insert TEAM RATING (BSAT) score in correct column found on FINAL REGISTRATION form and submit both forms into REGISTRATION PORTAL.

OVERALL TEAM RATING: ☐