Softball & T-Ball 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 **Event:** ☐ Softball ☐ T-Ball

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									
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		Athlete									
		Athlete									
		Athlete									

Please divide your total team score by 10 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!*