



<b>EVENTS OFFERED</b>
<b>Level 1</b>
<b>TARGET PASS</b>
<b>10 METER DRIBBLE</b>
<b>SPOT SHOT</b>
<b>Level 2</b>
<b>12 METER DRIBBLE</b>
<b>PERIMETER SHOOTING</b>
<b>CATCH &amp; PASS</b>



***Special  
Olympics***  
*New York*

# NYC REGION BASKETBALL SKILLS

## COACH FORM



**Special  
Olympics**  
New York



INSTRUCTIONS							
1. All coaches within your quota must be certified.							
2. All volunteers for team must be registered. This includes coaches, agency staff, one-on-ones, etc.							
3. Alternate coaches are to replace coaches unable to attend games.							

TEAM NAME						REGION	

ACTIVE COACHES			DATE OF BIRTH (Month/Date/Year)	GENDER		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							
4							
5							

1:1 CHAPERONES (MUST BE CLASS A CERTIFIED)			DATE OF BIRTH (Month/Date/Year)	GENDER		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							

ALTERNATE COACHES			DATE OF BIRTH (Month/Date/Year)	GENDER		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							
4							
5							