



Name: _____
 Phone: _____
 Street Address: _____

 City: _____ State: _____
 Date of Birth: ____/____/____

Age Group:
 B 9-10
 G 9-10
 B 11-12
 G 11-12
 B 13-15
 G 13-15

Round 1		Shots	Points
	Lay-ups: <input type="checkbox"/> 2 <input type="checkbox"/> 2	Lay-up	
	<input type="checkbox"/> A <input type="checkbox"/> A	A (2 pt)	
	<input type="checkbox"/> B <input type="checkbox"/> B	B (4 pt)	
	<input type="checkbox"/> C <input type="checkbox"/> C	C (5 pt)	
	<input type="checkbox"/> D <input type="checkbox"/> D	D (3 pt)	
	<input type="checkbox"/> E <input type="checkbox"/> E	E (3 pt)	
		Bonus (5 pt)	
		Bonus (10 pt)	
		Violations	-
		TOTAL	
Round 2		Shots	Points
	Lay-ups: <input type="checkbox"/> 2 <input type="checkbox"/> 2	Lay-up	
	<input type="checkbox"/> A <input type="checkbox"/> A	A (2 pt)	
	<input type="checkbox"/> B <input type="checkbox"/> B	B (4 pt)	
	<input type="checkbox"/> C <input type="checkbox"/> C	C (5 pt)	
	<input type="checkbox"/> D <input type="checkbox"/> D	D (3 pt)	
	<input type="checkbox"/> E <input type="checkbox"/> E	E (3 pt)	
		Bonus (5 pt)	
		Bonus (10 pt)	
		Violations	-
		TOTAL	
Round 3		Shots	Points
	Lay-ups: <input type="checkbox"/> 2 <input type="checkbox"/> 2	Lay-up	
	<input type="checkbox"/> A <input type="checkbox"/> A	A (2 pt)	
	<input type="checkbox"/> B <input type="checkbox"/> B	B (4 pt)	
	<input type="checkbox"/> C <input type="checkbox"/> C	C (5 pt)	
	<input type="checkbox"/> D <input type="checkbox"/> D	D (3 pt)	
	<input type="checkbox"/> E <input type="checkbox"/> E	E (3 pt)	
		Bonus (5 pt)	
		Bonus (10 pt)	
		Violations	-
		TOTAL	

Instructions:
 - Put an X through the appropriate letter when a legal shot is attempted
 - Circle the point value under the letter of the shot made
 - Total on the right after each round

Grand Total: