

KNIGHTS OF COLUMBUS

FREE THROW CHAMPIONSHIP

ENTRY FORM AND SCORE SHEET

I wish to enter THE KNIGHTS OF COLUMBUS FREE THROW CHAMPIONSHIP in the category and age group checked below. My eligibility is to be determined by my age as of January 1. I also understand that I may only compete in one council level competition.

Secondary school athletes should check with the school athletic director about eligibility before participating. Birth Certificate for other proof of age is required to verify eligibility.

 Boys

 Girls

 AGE: 10

 11

 12

 13

 14

Name of Entrant _____

Date of Birth _____

Street Address _____

City _____

State/Province _____

Postal Code _____

Telephone _____

Signature of Entrant _____

2. This Section To Be Completed By Parent/Guardian

COUNCIL NO. _____

The undersigned hereby request and approve entrant's registration and participation in the KNIGHTS OF COLUMBUS FREE THROW CHAMPIONSHIP. In consideration of such registration and participation, the undersigned hereby agree that entrant's participation will be at the sole risk of entrant and the undersigned and without liability to Knights of Columbus Supreme Council and any of its subordinate units and their officers, members, agents and employees, all of whom the undersigned hereby agree to release, idemnify and hold harmless from any and all claims and expenses resulting from or relating to entrant's said participation.

The entrant may compete in only one council level competition.

Witness

Father/guardian

Date signed

Mother/guardian

SCORE SHEET

3. This Section To Be Completed By K of C Officials:

SCORING INSTRUCTIONS: Each contestant will be allowed 15 consecutive free throws in council competition and 25 consecutive free throws in all other levels. Indicate number of free throws "made" in first column. Those tied for highest score will compete in successive rounds each being allowed 5 free throws until one contestant emerges as winner. Use other columns to indicate scores in "playoff" rounds.

COMPETITION LEVEL	SCORING:		<input checked="" type="checkbox"/> BASKET MADE	<input type="checkbox"/> BASKET MISSED	TOTAL BASKETS MADE
COUNCIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DISTRICT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
REGIONAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	