



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. 7236

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, indemnify 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:				TOTAL BASKETS MADE
	<input checked="" type="checkbox"/> BASKET MADE	<input type="checkbox"/> BASKET MADE	<input type="checkbox"/> BASKET MISSED	<input type="checkbox"/> BASKET MISSED	
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"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	