

KNIGHTS OF COLUMBUS

FREE THROW CHAMPIONSHIP

ENTRY FORM AND SCORE SHEET

1598 10/13

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:

9

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. _____

By signing below, the undersigned requests and approves of the entrant's registration and participation in the KNIGHTS OF COLUMBUS FREE THROW CHAMPIONSHIP ("The Contest"). In consideration for the entrant's participation in the Contest, the undersigned (1) acknowledges that the entrant's participation will be at the sole risk of the entrant and the undersigned and (2) agrees to release, indemnify and hold the Knights of Columbus Supreme Council, its subordinate units, officers, agents, members and employees harmless from any and all demands, claims or causes of action arising from or relating to the entrant's participation in the Contest. The undersigned also agree to allow representatives from the Knights of Columbus Supreme Council or any of its subordinate units to take and publish photographs or videos of the entrant during the Contest. **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 type="checkbox"/> BASKET MADE	<input type="checkbox"/> BASKET MISSED	<input type="checkbox"/> BASKET MADE	<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"/>	