



# KNIGHTS OF COLUMBUS BASKETBALL FREE THROW DISTRICT WINNERS REPORT



(NOTE: Information on each winner must be filled out **COMPLETELY!**)

**Boys**

**9**

**Girls**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Council # \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
MM.DD.YY

Council # \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
MM.DD.YY

Contact # \_\_\_\_\_

Contact # \_\_\_\_\_

School Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Council Score: \_\_\_\_\_ District Score: \_\_\_\_\_

Council Score: \_\_\_\_\_ District Score: \_\_\_\_\_

**Boys**

**10**

**Girls**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Council # \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
MM.DD.YY

Council # \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
MM.DD.YY

Contact # \_\_\_\_\_

Contact # \_\_\_\_\_

School Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Council Score: \_\_\_\_\_ District Score: \_\_\_\_\_

Council Score: \_\_\_\_\_ District Score: \_\_\_\_\_

**Boys**

**11**

**Girls**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Council # \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
MM.DD.YY

Council # \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
MM.DD.YY

Contact # \_\_\_\_\_

Contact # \_\_\_\_\_

School Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Council Score: \_\_\_\_\_ District Score: \_\_\_\_\_

Council Score: \_\_\_\_\_ District Score: \_\_\_\_\_

**Boys**

**12**

**Girls**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Council # \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
MM.DD.YY

Council # \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
MM.DD.YY

Contact # \_\_\_\_\_

Contact # \_\_\_\_\_

School Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Council Score: \_\_\_\_\_ District Score: \_\_\_\_\_

Council Score: \_\_\_\_\_ District Score: \_\_\_\_\_

**Boys**

**13**

**Girls**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Council # \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
MM.DD.YY

Council # \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
MM.DD.YY

Contact # \_\_\_\_\_

Contact # \_\_\_\_\_

School Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Council Score: \_\_\_\_\_ District Score: \_\_\_\_\_

Council Score: \_\_\_\_\_ District Score: \_\_\_\_\_

District # \_\_\_\_\_ District Deputy: \_\_\_\_\_

**Boys****14****Girls**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Council # \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
MM.DD.YYCouncil # \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
MM.DD.YY

Contact # \_\_\_\_\_

Contact # \_\_\_\_\_

School Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Council Score: \_\_\_\_\_ District Score: \_\_\_\_\_

Council Score: \_\_\_\_\_ District Score: \_\_\_\_\_

**Boys****15****Girls**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Council # \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
MM.DD.YYCouncil # \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
MM.DD.YY

Contact # \_\_\_\_\_

Contact # \_\_\_\_\_

School Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Council Score: \_\_\_\_\_ District Score: \_\_\_\_\_

Council Score: \_\_\_\_\_ District Score: \_\_\_\_\_

**Boys****16****Girls**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Council # \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
MM.DD.YYCouncil # \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
MM.DD.YY

Contact # \_\_\_\_\_

Contact # \_\_\_\_\_

School Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Council Score: \_\_\_\_\_ District Score: \_\_\_\_\_

Council Score: \_\_\_\_\_ District Score: \_\_\_\_\_

**Boys****17****Girls**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Council # \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
MM.DD.YYCouncil # \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
MM.DD.YY

Contact # \_\_\_\_\_

Contact # \_\_\_\_\_

School Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Council Score: \_\_\_\_\_ District Score: \_\_\_\_\_

Council Score: \_\_\_\_\_ District Score: \_\_\_\_\_

District # \_\_\_\_\_ District Deputy: \_\_\_\_\_

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Please email this form to your Regional Free Throw Chairman no less than 2 days before the scheduled Regional Free Throw.