



KNIGHTS OF COLUMBUS BASKETBALL FREE THROW ONTARIO REGIONAL WINNERS REPORT



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

Boys

9

Girls

Name: _____

Address: _____

Contact # _____

Council # _____ D.O.B.: _____
MM.DD.YY

School Name: _____

Regional Score: _____ District Score: _____

Council Score: _____

Name: _____

Address: _____

Contact # _____

Council # _____ D.O.B.: _____
MM.DD.YY

School Name: _____

Regional Score: _____ District Score: _____

Council Score: _____

Boys

10

Girls

Name: _____

Address: _____

Contact # _____

Council # _____ D.O.B.: _____
MM.DD.YY

School Name: _____

Regional Score: _____ District Score: _____

Council Score: _____

Name: _____

Address: _____

Contact # _____

Council # _____ D.O.B.: _____
MM.DD.YY

School Name: _____

Regional Score: _____ District Score: _____

Council Score: _____

Boys

11

Girls

Name: _____

Address: _____

Contact # _____

Council # _____ D.O.B.: _____
MM.DD.YY

School Name: _____

Regional Score: _____ District Score: _____

Council Score: _____

Name: _____

Address: _____

Contact # _____

Council # _____ D.O.B.: _____
MM.DD.YY

School Name: _____

Regional Score: _____ District Score: _____

Council Score: _____

Boys

12

Girls

Name: _____

Address: _____

Contact # _____

Council # _____ D.O.B.: _____
MM.DD.YY

School Name: _____

Regional Score: _____ District Score: _____

Council Score: _____

Name: _____

Address: _____

Contact # _____

Council # _____ D.O.B.: _____
MM.DD.YY

School Name: _____

Regional Score: _____ District Score: _____

Council Score: _____

Boys

13

Girls

Name: _____

Address: _____

Contact # _____

Council # _____ D.O.B.: _____
MM.DD.YY

School Name: _____

Regional Score: _____ District Score: _____

Council Score: _____

Name: _____

Address: _____

Contact # _____

Council # _____ D.O.B.: _____
MM.DD.YY

School Name: _____

Regional Score: _____ District Score: _____

Council Score: _____

Boys

14

Girls

Name: _____

Address: _____

Contact # _____

Council # _____ D.O.B.: _____
MM.DD.YY

School Name: _____

Regional Score: _____ District Score: _____

Council Score: _____

Name: _____

Address: _____

Contact # _____

Council # _____ D.O.B.: _____
MM.DD.YY

School Name: _____

Regional Score: _____ District Score: _____

Council Score: _____

Region # _____ Regional Chairman: _____

Boys**15****Girls**

Name: _____

Name: _____

Address: _____
_____Address: _____

Contact # _____

Contact # _____

Council # _____ D.O.B.: _____
MM.DD.YYCouncil # _____ D.O.B.: _____
MM.DD.YY

School Name: _____

School Name: _____

Regional Score: _____ District Score: _____

Regional Score: _____ District Score: _____

Council Score: _____

Council Score: _____

Boys**16****Girls**

Name: _____

Name: _____

Address: _____
_____Address: _____

Contact # _____

Contact # _____

Council # _____ D.O.B.: _____
MM.DD.YYCouncil # _____ D.O.B.: _____
MM.DD.YY

School Name: _____

School Name: _____

Regional Score: _____ District Score: _____

Regional Score: _____ District Score: _____

Council Score: _____

Council Score: _____

Boys**17****Girls**

Name: _____

Name: _____

Address: _____
_____Address: _____

Contact # _____

Contact # _____

Council # _____ D.O.B.: _____
MM.DD.YYCouncil # _____ D.O.B.: _____
MM.DD.YY

School Name: _____

School Name: _____

Regional Score: _____ District Score: _____

Regional Score: _____ District Score: _____

Council Score: _____

Council Score: _____

Region # _____ Regional Chairman: _____

Pg 3

Please Email this report by **March 8 th** to:Anthony Viresi, State Basketball Free Throw Chairman
viresi_kofc@yahoo.com