

FREE THROW CHAMPIONSHIP

PARTICIPATION REPORT FORM SCHOOL LEVEL

Due By: January 31

Immediately following the local school contest, the School Athletic Director or the teacher in charge should complete and submit this form (SO-FT-1 School) to the local Council Free Throw Chairman. This form provides the council in your area and the State Chairman with valuable statistics as well as feedback about the program in general.

PLEASE INDICATE THE NUMBER OF PARTICIPANTS IN YOUR SCHOOL CONTEST:

AGE GROUPS	Gr. 4 9 Yr. Olds	Gr. 5 10 Yr. Olds	Gr. 6 11 Yr. Olds	Gr. 7 12 Yr. Olds	Gr. 8 13 Yr. Olds	Gr. 9 14 Yr. Olds	Gr. 10 15 Yr. Olds	Gr. 11 16 Yr. Olds	Gr. 12 17 Yr. Olds	TOTALS
BOYS	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
GIRLS	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

PERSONAL COMMENTS OR OBSERVATIONS CONCERNING THE FREE THROW BASKETBALL PROGRAM:

SIGNED: _____
School Athletic Director / Teacher

SCHOOL NAME: _____



This document is to be filled out and given to the Local K of C Council Free Throw Chairman.
The council will use these results and those from other schools when tallying the overall totals for the Council Participation Report (SO-FT-1)

SO-FT-1(School) 5/19