



First Name: _____ **Last Name:** _____

Email: _____

Role: Athlete Unified Partner

Individual Skills

Dribbling

Record best time in min:sec.tenths

Time: __:__.__

Passing

(Add all 10 attempts and record total below)

Score: _____

Passes	Point Score
Ball goes through the gate without touching cones or other objects.	2
Ball touches cone or other objects.	1
Ball misses gate and cones	0

Shooting

(Add all 5 attempts and record total number of goals scored below)

Score: _____

Individual Juggling

Score: _____ (Best of 10 attempts)

Unified Team Juggling

Team Member Names	Individual Scores
Athlete Name: _____	Score: _____
Partner Name: _____	Score: _____

Total Team Score:

Please turn in Scorecard by July 18, 2021 deadline to sports@soor.org

