BCAM GIRLS' TOP SHOOTERS – FREE THROWS

INDIVIDUAL AND TEAM – School Year 20_____ - 20_____

COACH: Please follow directions. Fill in the form below for an individual and/or your team. A player must have attempted 50 free throws to be eligible. Questions: Contact Mark Bray at mark.bray@uticak12.org

VAR. COACH'S NAME_____ **SCHOOL**_____ **PHONE and/or EMAIL**_____

FEMALE PLAYER'S NAME if individual _____ (Print Clearly)

DATE	OPPONENT	INDIVIDUAL FT MADE	INDIVIDUAL FT ATTEMPTED	TEAM FT MADE	TEAM FT ATTEMPTED