BCAM <u>BOYS'</u> TOP SHOOTERS – FREE THROWS

INDIVIDUAL <u>AND</u> 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 <u>mark.bray@uticak12.org</u>

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

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

DATE	OPPONENT	INDIVIDUAL FT MADE	INDIVIDUAL FT ATTEMPTED	TEAM FT MADE	TEAM FT ATTEMPTED
	TOTALS:				

MAIL TO: Mark Bray, Top Shooters, 2417 Chesley Dr, Sterling Heights, MI 48310

DEADLINE: April 10 (*Late entries will not be considered!)* *1/09*