

SCHOOL NAME or AREA #	
COACH'S NAME	
TEAM NAME	
PARTICIPANT FIRST NAME	
PARTICIPANT LAST NAME	
CONTACT NAME	
CONTACT EMAIL	
CONTACT PHONE NUMBER	

EVENT (ex: three minute push test)		WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8
1									
2									
3									
4									
5									
6									
7									
8									
9									

NOTES & INSTRUCTIONS:

- Participants should send their score sheet to their coach. Coaches should submit their score sheets to UCS@specialolympicsva.org (UCS Division) or Stateregistration@specialolympicsva.org (Local and Corporate Division)
- Only enter numbers into the cell - please do not include any letters or decimals.
- Times should be entered in "Minute:Second" format (ex: 2:20 = 2 minutes and 20 seconds, 0:10 = ten seconds)
- Distance should be entered in "inches", not "feet and inches" (ex: type 61 in the cell, not 5' 1"). Additionally, distance should be rounded to the closest whole inch (ex: Less than 1.5 inches = 1 inch, greater than or equal to 1.5 inches = 2 inches)