### WEEKLY TEAM SUBMISSION FORM

(Please e-mail updated form to your conference coordinator No Later Than midnight each Monday)

MY TEAM NAME IS:

#### THIS WEEK WE PLAYED:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Date | Visiting Team | **VisitorScore** | **Home Team** | **Home Score** | **Conference or Non-Conference Game?** |
| Game 1 |       | ENTER TEAM NAME |     | ENTER TEAM NAME |     |  |
| Game 2 |       | ENTER TEAM NAME |     | ENTER TEAM NAME |     |  |
| Game 3 |       | ENTER TEAM NAME |     | ENTER TEAM NAME |     |  |
| Game 4 |       | ENTER TEAM NAME |     | ENTER TEAM NAME |     |  |
| Game 5 |       | ENTER TEAM NAME |     | ENTER TEAM NAME |     |  |
| Game 6 |       | ENTER TEAM NAME |     | ENTER TEAM NAME |     |  |
| Game 7 |       | ENTER TEAM NAME |     | ENTER TEAM NAME |     |  |
| Game 8 |       | ENTER TEAM NAME |     | ENTER TEAM NAME |     |  |
| Game 9 |       | ENTER TEAM NAME |     | ENTER TEAM NAME |     |  |
| Game 10 |       | ENTER TEAM NAME |     | ENTER TEAM NAME |     |  |

#### OUR TEAM’S PLAYER OF THE WEEK IS:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Player Name** | **G** | **3PM** | **3PA** | **REB** | **AST** | **BLK** | **STL** | **PTS** |
| Enter Player Name |    |    |    |    |    |    |    |    |
| Enter Player Name |    |    |    |    |    |    |    |    |

 Notes: Any important information to know?