BASKETBALL INDIVIDUAL SKILLS TEST (B.I.S.T.)

Coaches Name_____**School**_____

Phone_____ **Fax**_____ **E-mail**_____

Please circle which day you will be attending: **Tues. (15 & under)** **Thurs. (17 & over)**

Conduct the B.I.S.T. as described in the Coaches Manual and record results for each player on this sheet. Athletes will then be placed in heats according to age, sex and ability.

Athlete's Name	Age	Sex	Target Pass	10M Dribble	Spot Shot	TOTAL	Wheel Chair

Please list all additional Coaches/Staff:

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