

# SEADO Enterprises

“A Sports and Information Referral Service”

## “The McNabb Challenge”

### Coaches and Players Statistics Form

The following information should be filled out by the Head Coach or Athletic Director. All forms should be returned together by US Mail or Fax to SEADO Enterprises.

*Please print or type all information*

Coach First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Telephone: Office ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_.

Athletic Director First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Telephone: Office ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_.

Offensive Sets: \_\_\_\_\_ Defensive Sets: \_\_\_\_\_

**ATHLETE STATISTICS** Are Video Highlights Available? Yes  No

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Position(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Games Played: \_\_\_\_\_ Jersey #: \_\_\_\_\_ Years on Varsity: \_\_\_\_\_

**Quarterbacks**

Passing TDs	_____	Passing Yards	_____
Passing Attempts:	_____	Passing Completions	_____
Completion %	_____	Rushing Yards	_____
Rushing Attempts	_____	Rushing TDs	_____

**RB/WR/TE**

Rushing TDs	_____	Receiving TDs	_____
Receptions	_____	Receiving Yards	_____
Rushing Attempts	_____	Rushing Yards	_____

**OL/DL/LB**

Solo Tackles /Sacks	T:_____ S:_____	Assisted Tackles	_____
Tackles for Loss	T:_____ S:_____	Interceptions	_____

**DB/CB/SS**

Solo Tackles/Sacks	T:_____ S:_____	Assisted Tackles	_____
Tackles for Loss	T:_____ S:_____	Interceptions:	_____

**Special Teams**

FGs made/attempts	_____	PATs made/attempt	_____
Longest FG	_____	Longest Punt	_____
Average Punt	_____	Average Kick	_____
Average PR	_____	Average Kickoff	_____