

SEADO Enterprises

“A Sports and Information Referral Service”

“The McNabb Challenge Pro Style Clinic/Player Assessment Skills Session (PASS) Mini Camp” 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	_____