



SECTION 2 BOYS BASKETBALL RECORDS REQUEST

School _____ *Coach* _____ *AD* _____

Coach / AD Signature: _____ (Record must be signed by AD or Coach to be entered in record book)

Coaches Records (100+ wins)

School _____ *Coach* _____ *Won / Lost* _____
School _____

Individual Records

Career Scoring (1000+ points)

Player _____ *Points* _____ *School* _____
Graduated _____

Single Season (500+ points)

Player _____ *Points* _____ *School* _____
Graduated _____

Single Game Scoring (50+ points)

Player _____ *Points* _____ *School* _____
Graduated _____

3-Point Shots Made (Single game 7+)

Player _____ *Game* _____ *School* _____
Graduated _____

3-Point Shots Made (Season 45+)

Player _____ *Game* _____ *School* _____
Graduated _____

Career 2000 Point Club

Player _____ *Points* _____ *School* _____
Graduated _____

Please Return This Form To: Will Ferguson E-mail: wferguson@ichabodcrane.org or will56@nycap.rr.com (submit as an attachment to an e-mail)