

# BASKETBALL TEAM ROSTER

**DEADLINE: January 3, 2025**

Area: \_\_\_\_\_

Circle One:    **3<sup>rd</sup>/4<sup>th</sup>**    or    **5<sup>th</sup>/6<sup>th</sup>**

Head Coach: \_\_\_\_\_

Coordinator: \_\_\_\_\_

Circle One:    **BOYS**    or    **GIRLS**

Assistant Coach: \_\_\_\_\_

Team Name: \_\_\_\_\_

Assistant Coach: \_\_\_\_\_

#	First Name	Last Name	Physical Address of Residence	Town/City	Grade	Gender	Contact #	↑ Skill	led↑ Know ge
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2									
3									
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20									

**\*\* Roster WILL NOT be accepted unless ALL requested information is COMPLETE for each athlete! \*\***

**\*\*\* Reminder: DO NOT us P.O. Box #'s as athletes' "Address of Physical Residence"! \*\*\***