

BASKETBALL TEAM ROSTER

DEADLINE: December 19, 2025

Area: _____

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

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	Know ledge↑
1									
2									
3									
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18									
19									
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"! *****