TEAM NAME

_____

Coach _____

Address _____

City_____ **Zip** _____

Email _____

Primary phone _____

Asst. Coach _____

Address _____

City_____ **Zip** _____

Email _____

Primary phone _____

TEAM ROSTER

#	NAME (FIRST, LAST)	ADDRESS	CITY/ZIP	SCHOOL	GRADE	D.O.B.	PRIMARY PHONE #
90	Stacy Jackson	5 Basketball Rd.	Royal Oak 48989	Oak Academy	12	1/1/90	248 123-4567

I certify that the information provided is true and our organization will comply with the rules and regulations governing this program or event.

_____

Coach or Manager Signature / Date

Team Division Information (circle gender, age or grade)

BOYS **10U 11U 12U 13U 14U 15U 16U 17U 18U**

GIRLS **4th 5th 6th 7th 8th 9th 10th 11th 12th**

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