



OFFICIAL TEAM ROSTER FORM

BASKETBALL

Sport _____

Team Name _____

Division _____

NOTE:1.) Each player, parent/guardian and team manager should read the statements on **Page 2** before completing and signing this roster. **2.)** Parents/Guardians signature should be on the same numbered line below as player's signature.

	PRINT OR TYPE PLAYER'S NAME	PLAYER'S SIGNATURE	RESIDENCE (STREET, CITY, STATE, ZIP)	HM PHONE	WK PHONE	DATE OF BIRTH	PARENTS-GUARDIAN SIGNATURE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
MAX							

TEAM MANAGER'S GUARANTEE:

Manager's Name (Print) _____ Signature of Team Manager _____ Manager's Address (Print) _____ Home/Cell Ph _____ Wk Ph _____ Email _____

TEAM NAME: _____