UNITED STATES BASKETBALL ASSOCIATION

Official Roster

Team Name:_____

Age Division (circle one) 9U 10U 11U 12U 13U 14U 15U 16U 17+

Boys or Girls (circle) Head Coach:_____

Coach's Address:_____

City:_____St._____Zip_____

Coach's Contact Info:

Phone: *Please Include Area Code.*

(h)_____(w)_____(c)_____

Fax:_____E-mail_____

PLAYERS

Please Print

Number	Name	Grade Exception (yes / no)

You must turn a roster in at all USBA tournaments

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