

OFFICIAL TEAM ROSTER & ENTRY FORM

One form per team

Please print clearly, this information is important, all parts must be filled out or your entry will be rejected.

TEAM NAME: _____ CLUB #: *if applicable* _____ Grade: _____

Check one AAU Team _____ CYO _____ Open Club _____

TOURNAMENT NAME: _____ DATE: _____ /20__ LEVEL 1: 2 :

JERSEY #	TYPE NAME	BIRTHDATE	Grade
White/Dark	NAME (LAST, FIRST)		
1		/ /	
2		/ /	
3		/ /	
4		/ /	
5		/ /	
6		/ /	
7		/ /	
8		/ /	
9		/ /	
10		/ /	
11		/ /	
12		/ /	
13		/ /	
14		/ /	
15		/ /	

LIST THE (2) NON-PLAYERS THAT ARE ALLOWED ON BENCH*:

HEAD COACH:		MEMBERSHIP # if applicable
Asst. COACH:		MEMBERSHIP # if applicable

*Must List at least 2 no more than 3 Adult (18 or Over) Coaches per Team. In signing this document, I verify that as an coach/team manager. I am a registered coach/team manager, and that in consideration of your accepting my entry, I, intending to be legally bound, and my heirs and administrators hereby waive and release any and all claims and rights that I may have against the BullDawgsBasketball Club, the tournament organization, the owner/lessor/operators of the facilities, and their representatives for any and all injuries or losses suffered by me at said tournament.

Team Coaches must have current report cards/School picture ID/Birth records for each player.

I certify that the above information is correct:

Signature of Head Coach or Team Manager

CONTACT NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE (H): _____ (W): _____ (C): _____

EMAIL: _____