UNITED STATES BASKETBALL ASSOCIATION

Official Roster

Team Name:_____

Grade Division (circle one) 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Boys or Girls _____

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

You must turn a roster in at all USBA tournaments

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