UNITED STATES BASKETBALL ASSOCIATION

# Official Roster

Team Name:_____

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

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 Exception (yes / no) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**You must turn a roster in at all USBA tournaments**

PDF created with pdfFactory trial version www.pdffactory.com