TEAM ROSTER FORM

ARCHDIOCESE OF BALTIMORE

(1) **Coach** _____

(2) **Address** _____

_____

(3) **Phone (W)** _____

(H) _____

(4) **Parish** _____

(5) **Boys** _____ **Girls** _____

(6) **Age Group** _____

_____ Season

We do hereby verify the information contained on this form to be certified as correct. If the information is found to be incorrect the player, team, and parish are subject to disciplinary action as stated in the Archdiocesan Basketball Rules and Regulations.

(7) **League Site** _____

(8) **Uniform Color** _____

(9) **Priest Signature**

_____

(10) **Parish Moderator Signature**

_____

(11) **Coaches Signature**

_____

Player's Signature (12)	Player's Name (13)	Address & Zip (14)	Phone (15)	Birth (16)	I.D.# (17)	School (18)	Grade (19)	Parish (20)	Elig.# (21)