**UDJAA SUMMER BASKETBALL – ROSTER FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Team Name: |  | Team Sponsor: |  |
|  |  |  |  |
| Head Coach: |  | Cell Phone Number: |  |
| Head Coach Address: |  | Email Address: |  |
|  |  |  |  |
| Asst. Coach Name: |  | Cell Phone Number: |  |
| Asst. Coach Address: |  | Email Address: |  |
|  |  |  |  |
| Team Insurance Carrier (if Applicable) |  | Team League (Circle Two) | GIRLS or BOYS Grades 5/6 or 7/8 Grade is the grade entering upcoming Fall |
|  |  |  |  |

 

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Player | Last Name | First Name |  | Age | Grade  | Parent Contact | Cell Phone | Email | UDJAA Use Only |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |
| **THIS SECTION IS FOR UDJAA USE. DO NOT FILL IN.** | **Team Fee** | **Amount** |  | **Check #** | **Date** |  | **Insurance:** |  |  |  |
|  | Payment |   |  |  |  |  | **Clearances:** |  |  |  |
|  |   |  |  |  |  |  | **Shirts Ordered** |  |  |  |
|  |   |  |  |  |  |  | **Shirt Color** |  |  |  |
|  |   |  |  |  |  |  | **League** |  |  |  |
|  |  |  |  |  |  |  | **Team:** |  |  |  |

***RETURN TO:*** ***cpolin1@comcast.net*** ***UDJAA SUMMER BASKETBALL, 1832 Saxon Lane, Maple Glen, PA 19002***