



SMALL FRY BASKETBALL

**SMALL FRY BASKETBALL
OFFICIAL ELIGIBILITY ROSTER**

NAME OF ORGANIZATION: _____

ADDRESS: _____

YEAR: _____

HEAD COACH: _____

ADDRESS: _____

CELL PHONE: _____

REPRESENTATIVE: _____

ADDRESS: _____

CELL PHONE: _____

ASSISTANT COACH: _____

ADDRESS: _____

CELL PHONE: _____

					TO BE COMPLETED AT OFFICIAL MEASURING			
	PLAYER'S NAME	AGE	BIRTHDATE (9-1-05)	SCHOOL, Town	Birth Certificate Y/N	School ID/Photo Y/N	HEIGHT	PLAYER'S SIGNATURE
1								
2								
3								
4								
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12								
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15								
16								
17								
18								
19								
20								

Number of Names on Roster: _____

Date Roster Submitted: _____

Roster Submitted by: _____

Signature: _____