

TOURNAMENT OF CHAMPIONS • HOOP CLASSIC – TEAM ROSTER

SCHOOL NAME: _____ COORDINATOR NAME: _____

COACH INFORMATION

Name			
Email Address		Cell phone number	

TEAM INFORMATION

Division (check one)	Elementary <input type="checkbox"/> Boys <input type="checkbox"/> Girls	Middle School <input type="checkbox"/> Boys <input type="checkbox"/> Girls
Grade levels (check all that apply)	<input type="checkbox"/> 3th <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 3rd/4th <input type="checkbox"/> 5th/6th <input type="checkbox"/> 7th/8th	

FINAL ROSTER (minimum of 9 players and a maximum of 10. All players must play at least one quarter per game.)

Player Name	M/F	Grade	Age	Parent phone	Paid?	Consent Form?	T-shirt size
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Roster is approved by school administrator and certifies that all students listed above are current students of the school and grade levels are accurate. Must be approved by school principal or administrative assistant.

Signature: _____ Role: _____ Date: _____