

2016 TEAM ROSTER



TEAM NAME: _____

TEAM GENDER: BOYS/ GIRLS

AGE DIVISION: 8U 9U 10U 11U 12U 13U 14U 15U 16U 17U

UNIFORM #	NAME	POSITION	BIRTHDATE	GRADE
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HEAD COACH: _____ PHONE#: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

PLEASE RETURN COMPLETED ROSTER FORM AND (\$350) MONEY ORDER BY APRIL 1ST , 2016
TO:
COURTSIDE ENTERTAINMENT, INC.
PO BOX 11101 PORTLAND, OREGON 97211

FOR MORE INFO LOG ONTO WWW.ROSECITYSHOWCASE.COM