

15707 SW Walker Road, Beaverton OR 97006 - (503) 629-6330

Adult Basketball Team Roster

YEAR: ____ SEASON: ___

WINTER
SUMMER

NAME OF TEAM							EMAIL (REQUIRED)				
						MAIN PHONE					
MANAGER/COACH						SECONDARY PHONE					
MAILING ADDRESSStreet											
Street						City	Zip				
ALTERNATE CONTACT:						EMAIL	PHONE			<u></u>	
H	HOME JE	RSEY CO	DLORS			AWAY JERSEY CO	DLORS			=======================================	
LIST OUT-OF-DISTRICT PLAYERS FIRST!!						((TEAM ROSTERS MUST BE TYPED OR NEATLY PRINTED)) MINIMUM NUMBER OF PLAYERS - 8					
	OUT Dist.	IN Dist.		Name		THPRD ID # Account must be current through the season	Hom Phor		Highest Level Played None/Rec./H.S./ College	*Years Of Exp.	
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*Number of years participated in basketball. League Reque									ague Requested:	-	
Staff Use Only		•	<u>Date</u>	Amount Paid		Payment Type/#	<u>Initials</u>				