



Team Name: _____ Location of Tournament _____ Date of Tournament _____ Grade Division _____ Boy's _____ Girls _____

TEAM ROSTER – NOT TO EXCEED 15 PLAYERS

JERSEY # WT. # / DK. #	NAME	GRADE as of 10/1/11	BIRTH DATE	SCHOOL ATTENDING	HOME ADDRESS CITY/STATE/ZIP			AAU MEMBERSHIP #
1. /								
2. /								
3. /								
4. /								
5. /								
6. /								
7. /								
8. /								
9. /								
10. /								
11. /								
12. /								
13. /								
14. /								
15. /								

LIST THE FOUR (4) NON-PLAYERS THAT ARE ALLOWED ON BENCH:

- 1. HEAD COACH: _____ MEMBERSHIP # _____
 - 2. _____ MEMBERSHIP # _____
 - 3. _____
 - 4. _____
- (All bench personnel must have AAU Membership)

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT _____
(Signature of Head Coach)

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE (H) _____ (W) _____ (C) _____

MOBILE/PAGER _____ EMAIL _____