2009 RUN-N-SHOOT CLASSIC

JUNE 9-11, 2009 at the HOOPS

TEAM NAME:	PHONE:
COACH NAME:	CELL:
DIVISION: ____ FR. ____ J.V. ____ VAR	EMAIL:

PLAYER'S NAME	JERSEY #	SHIRT SIZE	

OFFICIAL TEAM ROSTER

This form must be returned with your team entry form and payment. You will still be able to add or drop players from your roster prior to your first game .

***PLEASE COMPLETE AND MAIL TO:**

Allgood Hoops - P.O. Box 58039 - Lou. Ky. 40268

I certify that all information is correct and each athlete has her own insurance and meets the grade and eligibility criteria.

COACH'S SIGNATURE:_____

DATE: ___/____/____