The Great Northwest Basketball League

2011-2012

ROSTER SUBMISSION

Once completed, return to: **The Great Northwest**
P O Box 506
Hudson, WI 54016

If possible, mail with your waiver/release forms for each player.

Team Name: _____ **Grade: 8th 7th 6th 5th 4th** *(Please circle One)* **Gender: BOYS / GIRLS** *(Please circle One)*

Head Coach Name: _____ **Assistant Coach Name:** _____

Head Coach Address: _____ **Assistant Coach Address:** _____

City / State / Zip: _____ **City / State / Zip:** _____

Head Coach Home Phone: _____ **Work Phone:** _____ **Assistant Coach Home Phone:** _____ **Work Phone:** _____

Head Coach Cell Phone: _____ **Email:** _____ **Assistant Coach Cell Phone:** _____ **Email:** _____

Player Information					
Player Name	Jersey Number	Address	City, State, Zip Code	School Enrolled	Grade (2011-2012)