ROSTER FORM

TEAM NAME: _____

AGE DIVISION: _____ **CITY/STATE:** _____

COACH: _____ **Cell #:** _____

Name	*Jersey*	*School*	*HT.*	*Current Grade*	*Date of Birth MM/DD/YY*

PLEASE FILL OUT COMPLETELY, AS PER EXAMPLE GIVEN. PLEASE TYPE OR PRINT CLEARLY AND MAKE SURE THAT ALL INFORMATION, ESPECIALLY JERSEY #, IS CORRECT. THIS INFORMATION WILL BE FORWARDED TO COLLEGE COACHING STAFFS AS WELL AS NATIONAL RECRUITING AND SCOUTING SERVICES. INACCURATE INFORMATION SIMPLY DELAYS OR PROHIBITS THE RECRUITING PROCESS. AAU AGE AND GRADE ELIGIBILIGY REQUIREMENTS APPLY. INTENTIONALLY SUPPLYING INACCURATE AGE AND/OR GRADE INFORMATION WILL LEAD TO AUTOMATIC TOURNAMENT DISQUALIFICATION.

PLAYERS TO WATCH

Player's Name _____

Outstanding Accomplishments _____

Player's Name _____

Outstanding Accomplishments _____

Player's Name _____

Outstanding Accomplishments _____

PLEASE COMPLETE. Mail TEAM ENTRY FORM with Bank Certified Check to:
Elite Sports. P.O. Box 2852. Meriden, CT 06450
Fax: 203.630.3475
Email: Joann at EliteSportsEvents@hotmail.com