



The Great Northwest Basketball League 2018 - 2019

ROSTER SUBMISSION

Team Name: _____

Grade: 8th 7th 6th 5th 4th 3rd
(Please Check One)

Gender: BOYS GIRLS
(Please Check 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 (2018-2019)

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

Please return this roster (OR a word-processed document with this information) as soon as possible, but no later than one week prior to your first scheduled meet. Online waiver/concussion forms must be completed online for each player and coach.