BAROSSA BASKETBALL

BAROSSA VALLEY AMATEUR BASKETBALL ASSOCIATION INC
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SENIOR TEAMSHEET – Summer 2017

Name of Club/Team: _____

Grade: A grade / B grade / C Grade(please circle) **Men / Women** (please circle)

Colours:
Top _____
Shorts _____
Number _____
(please attach colour photo or drawing of uniform)

Coach or Team Contact Details:
Name: _____
Postal Address: _____
Home Phone: _____
Business Phone: _____
Mobile No: _____
Email Address: _____

Team Sheet Certification: I certify that the below players' names and information are correct. The Team Contact and all team players MUST accept full responsibility for their actions and for the collection and payment of all monies. I understand I am the liaison person between the BVABA and my team and receive any mail outs and verbal communication from the BVABA

Name: _____ **Date:** ____/____/____

Player Details for …… - Summer 2017

Player	Name of player		Date of	Address	Email Address
#	First name	Second Name	Birth		