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| SCONE BASKETBALL TEAM NOMINATION SHEET |
|  TEAM NAME: |   |
|  TEAM CONTACT: |   |
|  EMAIL CONTACT: |   |
|  PHONE NUMBER: |   |
|  TEAM REFEREE: |   |
| YOUR TEAM MUST SUPPLY A REFEREE TO BE ABLE TO ENTER A TEAM IN THE COMP |
|  Team Members: | First Name | Last Name |
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| Please return completed form to: sconebasketball@gmail.com |