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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 | | |