

TEAM ROSTER AND ENTRY FORM

St. Gregory the Great / Blessed Sacrament 2nd ANNUAL INVITATIONAL BASKETBALL TOURNAMENT

SCHOOL _____ BOYS 8th / BOYS 7th (CIRCLE ONE)

SCHOOL ADDRESS _____ CITY _____

ESTIMATED SCHOOL ENROLLMENT _____

TEAM NICKNAME _____ UNIFORM COLORS _____
BODY/TRIM

COACH'S NAME _____ ADDRESS _____

CITY _____ ZIP _____ PHONE _____

EMAIL _____

ASSISTANT COACH'S NAME(S): _____

DATES & TIMES OF YOUR LEAGUE SCHEDULE DURING OUR TOURNAMENT:
(NOTE ANY OTHER POTENTIAL CONFLICTS)

	JERSEY #	NAME	DATE OF BIRTH
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____

RETURN THIS FORM WITH THE ENTRY FEE of \$150 (payable to St. Gregory the Great Athletic Association)
SEND TO: Bob Roloff 7033 W. Armour Avenue Greenfield, WI 53220

SIGNATURE OF Athletic Director or Basketball Coordinator: _____