TEAM ROSTER
(to be completed by Team Captain ONLY)

BASKETBALL **DANCE**

Circle one **MALE** **FEMALE** **MIXED**

TEAM NAME_____

CAPTAIN _____

Address _____ City_____ State_____ Zip_____

Phone (_____)_____ cell (_____)_____

Email _____ Parish _____

#	NAME in last name alpha order	Birth date	Phone #	Fee pd yes/no

CAPTAIN, PLEASE FILL OUT COMPLETELY AND RETURN WITH YOUR ENTRYFORM