TEAM PICTURE – MUST BE SUBMITTED TO SECTION COMMISSIONER NO LATER THAN March 5 or email by March 5 to:

PLEASE EMAIL TEAM PHOTO TO:

gspears@cifstate.org

AND LIST IN SUBJECT – SCHOOL – DIV – BOYS /GIRLS

STATE BASKETBALL TEAM ROSTER

This team roster form is for the STATE PLAYOFFS and is due to your section Commissioner No Later than Friday March 5, 2010

SCHOOL NAME_____ **BOYS** ____ **GIRLS**____

DIVISION: I II III IV V

PRINCIPAL: _____

SCHOOL MASCOT: _____

ATHLETIC DIRECTOR: _____

CITY: _____

Athletic Office phone: _____

SECTION: _____

Athletic Fax Number : _____

HEAD COACH: _____

e-mail:_____

ASSISTANT COACHES: _____

Varsity Player Information—please list in numerical order—type or print neatly please!

NO.	NAME (last, first)	POSITION	HEIGHT	YR IN SCHOOL
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____

No more than 15 players may suit up for a contest and be listed in the program

*COACH _____

please print first and last name

*OVERALL SEASON RECORD_____-____-___

*LEAGUE RECORD _____-_____-_____

*LEAGUE FINISH_____

DIGITAL PHOTOS ARE PREFERRED – PLEASE EMAIL TO QSPEARS@CIFSTATE.ORG

AND LIST IN SUBJECT – SCHOOL – DIV – BOYS OR GIRLS

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