

## Crookston Youth Basketball Tournament Program Roster Form

Please complete this form and return it by March 1 to have your team included in the tournament program. Please ***print clearly!***

Team Name \_\_\_\_\_

Please circle:      Girls              Boys              3<sup>rd</sup>   4<sup>th</sup>   5<sup>th</sup>   6<sup>th</sup>   7<sup>th</sup>   8<sup>th</sup>   9<sup>th</sup>

Coach's Name(s): \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_

	<b>Player's Name</b>	<b>Uniform #</b>	<b>Height</b>	<b>Grade</b>
<b>1.</b>				
<b>2.</b>				
<b>3.</b>				
<b>4.</b>				
<b>5.</b>				
<b>6.</b>				
<b>7.</b>				
<b>8.</b>				
<b>9.</b>				
<b>10.</b>				
<b>11.</b>				
<b>12.</b>				

Please mail this form to: CYBA, Box 91, Crookston, MN 56716