



2016-2017 Battleground Basketball Girls Registration Form:

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

JV or Varsity: \_\_\_\_\_

Head Coach Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

ROSTER:

Name Grad Year Jerz #

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

7) \_\_\_\_\_

8) \_\_\_\_\_

9) \_\_\_\_\_

Return completed roster form to league Director via email 7 days before start of games