

TEAM ROSTER SHEET
2017 FALL League

Name of School _____
Site: _____
Coach _____
Coach's Address _____
City, State, Zip _____ Coach's Email: _____
Home Phone Number: _____ Work Phone Number: _____

\$ 425.00 entry fee enclosed? Y N (Entry fees must be received by Sept 20, 2017-

Make all checks payable to: "Pittsburgh Basketball Club"

Return application to:
Pittsburgh Basketball Club
2017 Fall League
919 Al Smith Drive
McKees Rocks, PA 15136

PLEASE COMPLETE BELOW IN FULL-THIS IS AN INSURANCE ISSUE!

	NAME	GRADE	ADDRESS	PHONE NUMBER
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PLEASE NOTE

**TO INSURE THE TOURNEY IS FAIR TO ALL PARTICIPANTS,
ALL AREAS MUST BE COMPLETED TO INSURE THAT NO AAU OR
ALLSTAR TEAMS ENTER THE TOURNEY. SHOULD ANY INFORMATION
PROVIDED BE PROVEN TO BE FALSE, YOU WILL BE IMMEDIATELY
DISQUALIFIED FROM THE TOURNEY WITH NO ENTRY FEE REFUND.**