



TEAM ROSTER SHEET
2025 VARSITY FALL LEAGUE

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

____ \$ 475.00 entry fee enclosed? Y N (Entry fees must be received by Sep 10, 2025-

CREDIT CARD PAYMENT (3% Square Process service fee applicable)

Type of Card: (Circle one) Master Card Visa Discover

(Please print clearly)

NAME ON CARD _____

ZIP CODE OF BILLING ADDRESS _____

Number _____

Exp date _____ 3 digit security code _____

VENMO- @PBC01

Make all checks payable to: "Pittsburgh Basketball Club"

Return application to:
Pittsburgh Basketball Club
2025 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.				
11.				
12				

PLEASE NOTE

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