The Great Northwest Basketball League
2018 - 2019
ROSTER SUBMISSION

Once completed, return to: **The Great Northwest**
PO Box 506 Hudson WI 54016

Please return this roster (OR a word-processed document with this information) as soon as possible, but no later than one week prior to your first scheduled meet. Online waiver/concussion forms must be completed online for each player and coach.

Team Name: _____

Grade: 8th ☐ 7th ☐ 6th ☐ 5th ☐ 4th ☐ 3rd ☐
(Please Check One)

Gender: BOYS ☐ GIRLS ☐
(Please Check One)

Head Coach Name: _____
Head Coach Address: _____
City / State / Zip: _____
Head Coach Home Phone: _____ **Work Phone:** _____
Head Coach Cell Phone: _____ **Email:** _____

Assistant Coach Name: _____
Assistant Coach Address: _____
City / State / Zip: _____
Assistant Coach Home Phone: _____ **Work Phone:** _____
Assistant Coach Cell Phone: _____ **Email:** _____

Player Information

Player Name	Jersey Number	Address	City, State, Zip Code	School Enrolled	Grade (2018-2019)