The Great Northwest Basketball League



2023 - 2024

ROSTER SUBMISSION

Team Name:		Online waiver/concussion forms must be completed online for each player and coach.					
Grade: 8t	th 7th	6th 5th 4th [3rd	Gender: BOY	YS GIRLS (Please Check One)		
Head Coach Name:			Assistan	t Coach Name:			
Head Coach Address:		Assistant Coach Address:					
City / State / Zip:							
Head Coach Home Phone:	Work Ph	one:	Assistant Coach Home Phone:Work Phone:				
Head Coach Cell Phone:	<u>En</u>	nail:	Assistant Coach Cell Phone:		Email:	Email:	
		Player I	[nformat	tion			
Player Name	Player Name Jersey Number Street Address (Not F			City, State, Zip C	ode School Enro	Grade (2023-2024)	

The Great Northwest

PO Box 506 Hudson WI 54016 ~ jen@gnbl.org ~ fax 715-796-2872

Please return this roster (OR a word-processed document with this information) as soon as possible.

Once completed, return to: