The Great Northwest Basketball
Non-Competitive League
2025
ROSTER SUBMISSION

Team Name: _____

Once completed, return to:

The Great Northwest Basketball League

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, but no later than November 1. Online waiver/concussion forms must be completed online for each player and coach.

Grade: **4th** ☐ **3rd** ☐ *(Please Check One)*

Gender: **BOYS** ☐ **GIRLS** ☐ *(Please Check One)*

Head Coach Name: _____ **Assistant Coach Name:** _____

Head Coach Address: _____ **Assistant Coach Address:** _____

City / State / Zip: _____ **City / State / Zip:** _____

Head Coach Home Phone: _____ **Work Phone:** _____ **Assistant Coach Home Phone:** _____ **Work Phone:** _____

Head Coach Cell Phone: _____ **Email:** _____ **Assistant Coach Cell Phone:** _____ **Email:** _____

Player Information

Player Name	Jersey Number	Street Address (Not PO Box)	City, State, Zip Code	School Enrolled	Grade (2025-2026)