The Great Northwest Basketball League

2023 - 2024

ROSTER SUBMISSION

Team Name:	

Once completed, return to: 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.

Online waiver/concussion forms must be completed online for each player and coach.

Grade: 8th 7th 6th 6th 6th 6th 6th 6th 6th 6th 6th 6									
Head Coach Name:			Assistan	nt Coach Name:					
Head Coach Address:			Assistant	Coach Address:					
City / State / Zip:			(
Head Coach Home Phone:			Assistant Coach Home Phone: Work Phone:						
Head Coach Cell Phone:	E	Cmail:	Assistant Co	oach Cell Phone:		Email:			
		Player I	nforma	tion					
Player Name	Jersey Number	Street Address (Not Po	O Box)	City, State, Z	Cip Code	School Enrolled	Grade (2023-2024)		