The Great Northwest Basketball League

2025 - 2026

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 ☐ 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	Street Address (Not PO Box)	City, State, Zip Code	School Enrolled	Grade (2025-2026)