

2010 MN AAU BASKETBALL ROSTER

TEAM NAME: _____

Age Group: _____

PLEASE TYPE OR PRINT CLEARLY:

(Circle) ***D I*** ***D II*** ***D III***

NAME			JERSEY #	GRADE Exception	AAU MEMBERSHIP #	DATE OF BIRTH
LAST	FIRST	MI				
1.						
2.						
3.						
4.						
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12.						
13.						
14.						
15.						

COACHES' INFORMATION

HEAD COACH: _____ Night Phone: _____ Day Phone: _____

E-Mail Address _____ AAU Number: _____

Address: _____

City, State, Zip: _____

ASSISTANT COACH: _____ Night Phone: _____ Day Phone: _____

E-Mail Address _____ AAU Number: _____

Address: _____

City, State, Zip: _____

Assistant Coach: _____ AAU Number: _____ Day Phone: _____

Assistant Coach: _____ AAU Number: _____ Day Phone: _____