



2005 AAU NATIONAL BOYS' BASKETBALL SUPER REGIONAL CHAMPIONSHIP ROSTER FORM



NC Gaters and Greensboro Sports Commission – March 18th – 20th, 2005

Mail to: NC Gaters c/o NC Gaters Practice Facility, 3216 Suite A Horsepen Creek Road, Greensboro, NC 27410

PLEASE MAKE COPY OF THIS ROSTER BECAUSE YOU MUST SUBMIT IT WITH THE NATIONAL CHAMPIONSHIP ENTRY MATERIAL

Team Name: _____ Age/Grade Division of Team _____

City/State of Super Regional _____ District Representing _____

ROSTER – NOT TO EXCEED 15 PLAYERS

JERSEY # WT. # / DK. #	TYPE NAME NAME (LAST, FIRST)	BIRTH DATE	GRADE EXCEPTION Y/N		CROSS BOUNDARY Y/N		HOME ADDRESS CITY/STATE/ZIP	PHONE #	EMAIL ADDRESS	AAU MEMBERSHIP #
			Y	N	Y	N				
1. /			Y	N	Y	N				
2. /			Y	N	Y	N				
3. /			Y	N	Y	N				
4. /			Y	N	Y	N				
5. /			Y	N	Y	N				
6. /			Y	N	Y	N				
7. /			Y	N	Y	N				
8. /			Y	N	Y	N				
9. /			Y	N	Y	N				
10. /			Y	N	Y	N				
11. /			Y	N	Y	N				
12. /			Y	N	Y	N				
13. /			Y	N	Y	N				
14. /			Y	N	Y	N				
15. /			Y	N	Y	N				

PLEASE PRINT LEGIBLY!

1. HEAD COACH: _____ **2005 AAU MEMBERSHIP #** _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE (H) _____ (W) _____ FAX _____

MOBILE/PAGER _____ EMAIL _____

2. ASSISTANT COACH: _____ **2005 AAU MEMBERSHIP #** _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE (H) _____ (W) _____ FAX _____

MOBILE/PAGER _____ EMAIL _____

3. Bench Personnel: _____ **2005 AAU MEMBERSHIP #** _____

4. Bench Personnel: _____ **2005 AAU MEMBERSHIP #** _____