## OFFICIAL TEAM ROSTER FOR ALL-OHIO NIKE SUPER SIXTEEN BASKETBALL TOURNAMENT

FULL TEAM NAME:					AGE GROUP:	
СОАСН:		A	DDRESS	:		
CITY:			S	ГАТЕ:	ZIP CODE:	
HOME PHON	NE: <u>(</u> )		WO	RK PHO	NE: <u>(</u> )	
JERSEY #	PLAYER'S NAME*	AGE	D.O.B	НТ	SCHOOL CURRENT GRADE	
Ohio is cov hereb	Nike SUPER SIXTEEN Bask ered by a proper accident poli	etball Tour cy of insur executors, a	rnament. ance. In	I also cer considera	age requirements stipulated by the All- tify that each of the above named players tion of your accepting this team roster, I assignees waive and release any and all	
	Date	Si	gnature of	f Team Ro	epresentative/Position with Team	

\*Please type or print names legibly so they can be correct for college coaches. Thank you!

Please return 1-2 weeks before event or email to allohiobasketball1986@gmail.com to ensure inclusion in program.

Super 16 roster form