OFFICIAL TEAM ROSTER FOR ALL-OHIO NIKE GRASSROOTS BASKETBALL TOURNAMENT

FULL TEAM NAME:					AGE GROUP:		
СОАСН:		A	DDRESS	:			
CITY:			S	ГАТЕ:	ZIP CODE:	ZIP CODE:	
HOME PHON	JE: <u>(</u>)		WO	RK PHON	IE: <u>(</u>)		
JERSEY #	PLAYER'S NAME*	AGE	D.O.B	НТ	SCHOOL	CURREN T GRADE	
Ohio l covere hereby	Nike Grassroots Basketball T ed by a proper accident policy	ournament. of insuran executors, a	I also ce ce. In co	rtify that e	ge requirements stipulated by ach of the above named player of your accepting this team reassignees waive and release an	rs is oster, I	
	Date	Si	gnature of	Team Rep	presentative/Position with Tea	m	

*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 jwatson@allohiobasketball.8k.com to ensure inclusion in program.

Grassroots roster form