The Great Northwest Basketball League
2015-2016
ROSTER SUBMISSION

Team Name: _____

Once completed, return to: **The Great Northwest**
PO Box 506
Hudson WI 54016

Please return this roster with:
Liability Wavier/Concussion Forms ~ for all players
Caoch Concussion Forms ~ for ALL coaches

Grade: **8th** ☐ **7th** ☐ **6th** ☐ **5th** ☐ **4th** ☐ *(Please Check One)*

Gender: **BOYS** ☐ **GIRLS** ☐ *(Please Check One)*

Head Coach Name: _____ **Assistant Coach Name:** _____

Head Coach Address: _____ **Assistant Coach Address:** _____

City / State / Zip: _____ **City / State / Zip:** _____

Head Coach Home Phone: _____ **Work Phone:** _____ **Assistant Coach Home Phone:** _____ **Work Phone:** _____

Head Coach Cell Phone: _____ **Email:** _____ **Assistant Coach Cell Phone:** _____ **Email:** _____

Player Information

Player Name	Jersey Number	Address	City, State, Zip Code	School Enrolled	Grade (2015-2016)