



For Office Use Only: Date Received _____

Jr. NBA Summer Basketball League 2019

Please complete and return this roster by email to paskoffbeth@prcommunityed.org or mail to the Community Education Office 1401 Froesel Drive Ellisville, MO 63011 as soon as possible. You do not have to send registration forms with this roster. We will match names with your roster as registrations come in. We reserve the right to add players to rosters as needed. If you have any questions, please call 636-891-6644.

Coach Information

Team Grade: _____

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ (This will be our primary way to contact you.)

Primary Phone: _____ Secondary Phone: _____

NBA Team Jersey Preference (no guarantees):

1.

2.

Roster of Players

3.

4.

Name	School
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____