2015 STATE INDOOR SPORTS TOURNAMENT TEAM BASKETBALL REGISTRATION FORM

Agency Number:Agency Name:				
Head Coach:	Cell #:			
RETURN THIS FORM TO YOUR REGIO BY			GISTRATION MAT	ERIALS
Team Name:	haracters long	This name will	 be used at all comp	etitions.
List in Alphabetical Order				
ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	AGE	HEIGHT	*HOUSING
	-			
	+ +			
TEAM EVALUATION COMMENTS:	e. loss or additi	on of key players	s from last year.	
	Team Name:	Team Name:	List in Alphabetical Order ATHLETE NAME (LAST NAME, FIRST NAME) (LAST NAME, FIRST NAME) AGE (LAST NAME, FIRST NAME) AGE AGE TEAM EVALUATION COMMENTS:	Team Name: