

CHESTERFIELD BASKETBALL LEAGUE (TEAM ROSTER - GAMES ONLY)

DIVISION : _____

DATE: _____

ASSOCIATION: _____ TEAM NAME: _____

Participant Number	JERSEY NUMBER Numerical Order	PLAYER'S NAME	AGE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

Head Coach's Name	Phone Number	Background Check No.
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Assist Coach's Name	Phone Number	Background Check No.
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Assist Coach's Name	Phone Number	Background Check No.
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This roster is to be presented to the opposing coach no less than ten minutes prior to the start of a game. By presenting this roster, the head coach certifies that each listed coach has met all requirements as mandated by Chesterfield County and Chesterfield Basketball League and each listed player has been properly registered in the correct division.