

CHESTERFIELD BASKETBALL LEAGUE

(TEAM ROSTER - GAMES ONLY)

ASSOCIATION: _____

DATE: _____

DIVISION: _____

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. |
|-------------------|--------------|----------------------|

| | | |
|---------------------|--------------|----------------------|
| Assist Coach's Name | Phone Number | Background Check No. |
|---------------------|--------------|----------------------|

| | | |
|---------------------|--------------|----------------------|
| Assist Coach's Name | Phone Number | Background Check No. |
|---------------------|--------------|----------------------|

The above listed Voting Representative and Head Coach certify by their signature that each coach listed has met all requirements as mandated by Chesterfield County and the Chesterfield Basketball League to include current County background checks and current concussion training as required by Commonwealth of Virginia Code and/or Chesterfield County. The Voting Representative and Head coach further certify that each player listed is eligible to participate with their respective association and has been properly registered in the correct division.