

## CHESTERFIELD BASKETBALL LEAGUE TEAM ROSTER

ASSOCIATION : \_\_\_\_\_ DATE: \_\_\_\_\_

DIVISION : \_\_\_\_\_ TEAM NAME: \_\_\_\_\_

	PLAYER'S NAME	STREET ADDRESS	CITY	ZIP	D O B	F A	AGE
1							
2							
3							
4							
5							
6							
7							
8							
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11							
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Head Coach's Name	Address	Phone Number	Background Check Number
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Assistant Coach's Name	Address	Phone Number	Background Check Number
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Assistant Coach's Name	Address	Phone Number	Background Check Number
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Head Coach's Signature

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DATE

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Voting Representative Signature

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DATE

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.