CHESTERFIELD BASKETBALL LEAGUE
TEAM ROSTER

DIVISION : _____ **DATE:** _____

ASSOCIATION: _____ **TEAM NAME**: _____

	PLAYER'S NAME	STREET ADDRESS	CITY	ZIP	D O B	F A	AGE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							

Head Coach's Name | Address | Phone Number | Background Check Number

Assistant Coach's Name | Address | Phone Number | Background Check Number

Assistant Coach's Name | Address | Phone Number | Background Check Number

Head Coach's Signature **DATE**

Voting Representative Signature **DATE**

The Head Coach and Voting Representative certifies by their signature that each coach listed has met all requirements as mandated by Chesterfield County and the Chesterfield Basketball League and that each player listed has been properly registered in the correct division and is eligible to participate with their association.