

CHAMBERSBURG RECREATION DEPARTMENT CHURCH BASKETBALL ROSTER/RESIDENCY FORM

Coach's Name, Address, Phone Number: _____

Please **PRINT** Names

	Name	Address	Phone	Grade	Date of Birth	Circle Residency							Jersey #	Place P for Pickup Player
						CB	GU	GR	HAM	LU	LKY	OTR		
1.						CB	GU	GR	HAM	LU	LKY	OTR		
2.						CB	GU	GR	HAM	LU	LKY	OTR		
3.						CB	GU	GR	HAM	LU	LKY	OTR		
4.						CB	GU	GR	HAM	LU	LKY	OTR		
5.						CB	GU	GR	HAM	LU	LKY	OTR		
6.						CB	GU	GR	HAM	LU	LKY	OTR		
7.						CB	GU	GR	HAM	LU	LKY	OTR		
8.						CB	GU	GR	HAM	LU	LKY	OTR		
9.						CB	GU	GR	HAM	LU	LKY	OTR		
10.						CB	GU	GR	HAM	LU	LKY	OTR		
11.						CB	GU	GR	HAM	LU	LKY	OTR		
12.						CB	GU	GR	HAM	LU	LKY	OTR		
13.						CB	GU	GR	HAM	LU	LKY	OTR		
14.						CB	GU	GR	HAM	LU	LKY	OTR		
15.						CB	GU	GR	HAM	LU	LKY	OTR		

Please list the Coordinator or Athletic Director and a phone number: _____

*** Date of Birth is not required for programs with no age requirements.

*** As the person responsible for the team, I verify that the above information is correct to the best of my knowledge. I read and understand the principles of S.C.O.R.E. and pledge to adhere to the standards set forth by the Recreation Department thus helping to provide a great sports experience for all children.

Church and Team Name: _____ Date: _____ Signature: _____

*** Code for Township/Residency: CB-Chambersburg Borough; GU-Guilford; GR-Greene; HAM-Hamilton; LU-Lurgan; LKY-Letterkeni