

CHAMBERSBURG RECREATION DEPARTMENT

ELEMENTARY BASKETBALL ROSTER

Please Circle Team Category: 4th-5th Boys 4th-5th Girls

Coach's Name, Address, Phone Number:

Please PRINT Names		Coach's e-mail address: (print clearly) _____											
	Name	Address	Phone	Grade	Date of Birth	Circle Residency							Jersey #
						CB	GU	GR	HAM	LU	LKY	OTR	
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													

*****Must cap roster at 10 during the 2021 season***

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

*** 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.

Team Name: _____ Date: _____ Signature: _____

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

