

# 2020 Gold Crown Fall High School Basketball League

## Team Roster

**NOTE: All teams must complete this roster form, and turn it into Gold Crown staff prior to their first game.**

**(Please write legible, and complete this form entirely)**

### Team Information

Official Team Name:	Gender (circle one): <b>MALE</b> <b>FEMALE</b>		
Division (circle one):	Varsity	Junior Varsity	Freshman/Sophomore

### Head Coach Information

First Name:	Last Name:	Cell Phone: (    )    -
Email:		

### Roster

#	Player First Name	Player Last Name	Player Current School	Grade
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For further information, please contact the Gold Crown Foundation at 303-233-6776 or e-mail [Basketball@GoldCrownFoundation.com](mailto:Basketball@GoldCrownFoundation.com).