



Fall League Team Roster

To reserve a spot in the Hoop Dreamz League please send completed roster form along with \$200 deposit to PO Box 381 Westwood, NJ 07675. Balance is due before or on the day of first game. NO EXCEPTIONS!!!

Team Name: _____ Grade/Age: _____ Level: A B
Coach: _____ Phone #: _____ Cell #: _____
E-mail: _____ Does your team need t-shirts? Yes No

Player's Names:

1. _____ Phone#: _____ E-mail: _____
2. _____ Phone#: _____ E-mail: _____
3. _____ Phone#: _____ E-mail: _____
4. _____ Phone#: _____ E-mail: _____
5. _____ Phone#: _____ E-mail: _____
6. _____ Phone#: _____ E-mail: _____
7. _____ Phone#: _____ E-mail: _____
8. _____ Phone#: _____ E-mail: _____
9. _____ Phone#: _____ E-mail: _____
10. _____ Phone#: _____ E-mail: _____
11. _____ Phone#: _____ E-mail: _____
12. _____ Phone#: _____ E-mail: _____