

ROSE CITY

PREMIER BASKETBALL TOURNAMENT

SHOWCASE

2024 TEAM ROSTER

TEAM NAME: _____ Division 1 or 2 (if applicable)

TEAM GENDER: BOYS/ GIRLS AGE DIVISION: 8U 9U 10U 11U 12U 13U 14U 15U 16U 17U

<u>UNIFORM #</u>	<u>NAME</u>	<u>POSITION</u>	<u>BIRTHDATE</u>	<u>GRADE</u>	<u>AAU#</u>
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1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

HEAD COACH: _____ PHONE#: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

PLEASE RETURN COMPLETED ROSTER FORM AND (\$400) MONEY ORDER BY **MAY 1ST, 2024** TO:
COURTSIDE ENTERTAINMENT, INC.
PO BOX 11101 PORTLAND, OREGON 97211

FOR MORE INFO LOG ONTO WWW.ROSECITYSHOWCASE.COM