



Sonny Roderick Memorial Billingsgate/Invitational Basketball Tournament

**2014 SONNY RODERICK MEMORIAL BILLINGSGATE
SEVENTH AND EIGHTH GRADE INVITATIONAL DIVISION**

TEAM NAME: _____

AGE GROUP/ CATEGORY (BOYS/GIRLS): _____

COACH (Non-playing coach required): _____

TOWN: _____

CONTACT PHONE #: _____

MAILING ADDRESS _____

ALL PLAYERS MUST BE PREPARED TO PRESENT IDENTIFICATION
(BIRTH CERTIFICATE OR SCHOOL ID AT THE DOOR.)

<u>NAME</u>	<u>GRADE</u>	<u>SHIRT SIZE</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

CATEGORY _____ AMOUNT ENCLOSED \$ _____

I acknowledge I have read the Tournament rules and agree to follow them:

Signature of Non-Playing Coach

NO TEAM APPLICATIONS OR ROSTER CHANGES ACCEPTED AFTER MARCH 6,
2014.