**YORK BALLER’S 12TH ANNUAL INVITATIONAL**

**MAY 20-22nd, 2016**

**TEAM ROSTER FORM**

**TEAM NAME\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AGE GROUP \_****\_\_\_\_\_\_\_\_\_\_BOYS\_****\_\_\_**

**CONTACT PERSON: \_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE NUMBER: home\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail: \_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_**

**Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLAYER’S NAME JERSEY # DOB/GRADE**

**and AAU number if applicable**

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**HEAD COACH \_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ASST. COACH \_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT PERSON: PAT MCGLYNN YORK BALLERS** [**YORKBALLERS@HOTMAIL.COM**](mailto:YORKBALLERS@HOTMAIL.COM) **443-928-1567 WWW.YORKBALLERS.COM**

**MAKE CHECK OR MONEY ORDER PAYABLE TO: YORK BALLERS, MAIL COMPLETED FORM AND FEE TO:**

**YORK BALLERS 140 FAIRFAX DRIVE YORK, PA 17403**

**COACHS MUST HAVE CREDENTIALS AT EVERY GAME FOR VERIFICATION- ROSTERS ARE SEALED THAN.**

**U17 TEAMS MAY HAVE 3 UNSIGNED YEARS. ALL OTHER AGES GRADE BASED RULES W/ UNLIMITED EXCEPTIONS. CUTOFF DATE FOR AGE IS AUGUST 31.**