

Midwest Athletics/AAU Roster Form

Team Name: _____ Age/Grade Division of Team _____

Tournament/League Site: _____ Tournament/League Date : _____

ROSTER – NOT TO EXCEED 15 PLAYERS

JERSEY # WT. # / DK. #	TYPE NAME NAME (LAST, FIRST)	BIRTH DATE	Age	Grade	HOME ADDRESS CITY/STATE/ZIP	PHONE #	EMAIL ADDRESS	AAU MEMBERSHIP #
1. /								
2. /								
3. /								
4. /								
5. /								
6. /								
7. /								
8. /								
9. /								
10. /								
11. /								
12. /								
13. /								
14. /								
15. /								

PLEASE PRINT LEGIBLY!

1. HEAD COACH: _____ **2010 AAU MEMBERSHIP #** _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE (H) _____ (W) _____ FAX _____
 MOBILE/PAGER _____ EMAIL _____

2. ASSISTANT COACH: _____ **2010 AAU MEMBERSHIP #** _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE (H) _____ (W) _____ FAX _____
 MOBILE/PAGER _____ EMAIL _____

3. Bench Personnel: _____ **2010 AAU MEMBERSHIP #** _____

4. Bench Personnel: _____ **2010 AAU MEMBERSHIP #** _____