

SMOKY MOUNTAIN SPORTS COMPLEX
Basketball Team Roster

Team Name: _____

Coaches Name: _____

Coaches Phone #: _____

Grade/Age Division: _____

	Player Name*	No #	Approximate Height	Birth Date	Grade Level
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

* Fax back to 423-543-1472 or email to registration@smokysports.com , by the Tuesday before the tournament begins.

** Birth Certificates & Grade verification forms are required for every player.

Please bring all birth certificates & grade forms to tournament.

These will be verified when coach checks in.

Please note: teams may be randomly questioned at tournaments to verify age info.