2004/2005 PARKVIEW PAROCHIAL LEAGUE BASKETBALL ROSTER

SCHOOL: _____ **GRADE:** _____

COACH: _____ **PHONE:** _____

	PLAYER NAME	ADDRESS	BIRTH DATE	SCHOOL ATTENDING
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
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11.				
12.				
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19.				
20.				
21.				

"We certify that each team member listed above has written parental permission to play in the league, that each member is within the age limit and is eligible to play under league rules and that any CCD students are actively involved in the Parish CCD Program."

_____ _____

PRINCIPAL and/or PASTOR **DATE** **CCD PROGRAM DIRECTOR** **DATE**

_____

COACH and/or ATHLETIC DIRECTOR **DATE**