

Team Roster Deadline: May 15, 2010

(To complete this form electronically, please go to WestCovinaSabers.org)

West Covina Sabers/Saberettes

INVITATIONAL TOURNAMENT

July 2 – 4, 2010

Team Name:		Division:	
Organization		League (CYC, CBO, JAO, etc.):	
Coach's Name:	Home Phone:	Cell Phone:	

Primary Contact:		Email Address:	
Street Address:			
City:	State:	Zip Code:	
Home Phone:	Work Phone:	Cell Phone:	

Secondary Contact:		Email Address:	
Street Address:			
City:	State:	Zip Code:	
Home Phone:	Work Phone:	Cell Phone:	

ROSTER

(Please list in Ascending Jersey Number order)

Jersey No.	Player's Name (PLEASE PRINT OR TYPE)	Date of Birth	Grade	Non Roster Player* (Use * to Indicate)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Note: Trophies will be limited to 10 per team

*** Non-Roster player – If player is not on League Roster (Boys/Girls) use an asterisk to indicate**

Please make checks payable to **Sabers/Saberettes Youth Basketball** for \$375 per team. **Send to your Division Coordinator** (see WestCovinaSabers.org for a listing of the Division Coordinators). For more information, forms, or questions, please contact your Division Coordinator or go to WestCovinaSabers.org.

Tournament use only: Date Received: _____ Check No.: _____