# East Kentucky Basketball Association
# Tournament Roster

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|---|---|
| Team Name: | |
| Head Coach: | Signature: |
| Address: | Home Phone: |
| Office Phone: | Fax: |
| Cell Phone: | Email: |

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|---|---|---|
| Head Coach | Asst. Coach: | Score /Clock Keeper: |

| Jersey # | Player Name | DOB | Grade | Parent Release ( Signature) |
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By my signature, I hereby certify the above information is complete and accurate to the best of my knowledge & that I have seen an original of all birth certificates.

Signature: _____ Date: _____