



TEAM ROSTER

Team Name:

Player 1

First Name: Last Name: Grade:

Player 2

First Name: Last Name: Grade:

Player 3

First Name: Last Name: Grade:

Player 4

First Name: Last Name: Grade:

- ▶To register your team, each player must complete and submit this form along with the Permission & Medical Form & \$2.00 registration fee by April 10th.
 - ▶If you do not submit a Team Roster Form, you will be placed on a team on the day of the tournament.
 - ▶Teams are made up of 3 or 4 players from grades 7-12.
 - ▶Teams of 3 players may be asked to add a player on the day of the tournament if someone arrives needing a team.
 - ▶If possible, all players on a team should wear shirts which are the same color.
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Mail to:

Aaron & Ashley
3300 Ridge Road
Bloomsburg, PA 17815

Email to:

3on3cbc@gmail.com
and attach as a pdf, rtf,
or word document

Questions?

Call Aaron or Ashley @
570.784.2392.
Send an email to
3on3cbc@gmail.com.