

<b>OFFICE: 919-942-9208</b> <b>FAX: 919-968-3719</b> <b>EMAIL:</b> <b>syviahatchellsbasketballcamp</b> <b>@hotmail.com</b>	<b>TEAM ROSTER FORM</b> (one form per team) <b>CAROLINA'S FINEST TEAM CAMP</b> <b>P O BOX 2411</b> <b>CHAPEL HILL, NC 27515</b>	<b>CHOOSE CAMP ATTENDING</b>		<b>DUE DATES</b>
		Team Camp 1 (June 25 – 27, 2012)		May 21 <sup>st</sup>
		Team Camp 2 (June 28 – 30, 2012)		May 21 <sup>st</sup>

School /Team Name		Head Coach (This Team)	
School Address		Home Address	
School City		Home City	
School State & Zip		Home State & Zip	
School Phone		Home Phone	
Coach Email		Cell Phone	
		Gender (Male or Female)	

PLEASE CHOOSE THE LEAGUE YOU WOULD LIKE TO PLAY IN THIS SUMMER						
VARSITY		JUNIOR VARSITY LEAGUE ( CHOOSE FROM BOTH )			JR. HIGH / MIDDLE SCHOOL (Rising 6th, 7th, & 8th Grades)	
	A – BEST	If 3 leagues are available		If 2 leagues are available		
	B – VERY GOOD					
	C – GOOD		E – STRONG			
	D – REBUILDING		F – AVERAGE		UPPER	H – LEAGUE
			G – WEAK		LOWER	

**NOTE: YOU MUST HAVE AT LEAST 8 PLAYERS ON EACH TEAM. USE A SEPARATE FORM FOR EACH TEAM.**

**THIS ROSTER ALONG WITH YOUR PLAYER DEPOSITS OR FULL PAYMENT, WAIVERS AND PHYSICALS ARE DUE BY THE DUE DATES LISTED IN THE FIRST CHART ABOVE. DEPOSITS FOR ALL PLAYERS SHOULD BE SENT TO THE CAMP OFFICE IN ONE CHECK.**

STAFF INFORMATION FOR THIS TEAM		MALE	FEMALE
HEAD COACH (This Team)			
ASSISTANT / CHAPERONE			
ASSISTANT / CHAPERONE			

	PLAYER NAMES (alphabetically by last name)	WAIVER	PHYSICAL	FOR OFFICE USE	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

