KNIGHTS BASKETBALL

Team Roster Form

PRINT CLEARLY
COMPLETE ALL INFORMATION
RETAIN A COPY FOR YOUR RECORDS

Team Information

TEAM NAME	COMPETITION ENTERED

Head Coach

FULL LAST NAME	FULL FIRST NAME	PHONE EXTENSION #

Assistant Coach Information

FULL LAST NAME	FULL FIRST NAME	PHONE EXTENSION #

As Head Coach: I accept responsibility for coaching this team
I have obtained a signed Player and Parent contract for each player
I have signed and submitted a Coaches pledge

HEAD COACH'S SIGNATURE _____ DATE _____

#	PLAYER'S LAST NAME	PLAYER'S FIRST NAME	GRADE	HOMEROOM	CHEQUE PAID	DEPOSIT PAID

CALGARY ACADEMY

PLEASE RETURN TO ATHLETIC DEPARTMENT PRIOR TO SEASON OPENER

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