TEAM ROSTER

Please complete ALL of the following:

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Coach Name:			Coaches Email:		
Address				Team Name:	
Coaches Membership #:			Phone:		
Team Gender:	Boys	or	Girls		
Age/Grade Division of Team:			Level: Div I Div II Di	iv III	MIDWEST
Dog	STED (Not as	reced 45 mls			ATHLETICS

ROSTER (Not exceed 15 players)

Please bring roster to your first game or email to steve@bcdetroit.com

	Name	AAU Membership #	Jersey #	Grade	School	DOB	Address	City	State	Zip
1										
2										
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4										
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14										
15										