



**George Webb Memorial  
Basketball Tournament  
2017**



TEAM NAME: \_\_\_\_\_ COACHES NAME: \_\_\_\_\_

Circle all that apply: REVISED AGES: 9-10 11-12 13-14 High School Grade: 9-10 11-12 Boys Team Girls Team

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ASSIST. COACH NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ASSIST COACH EMAIL: \_\_\_\_\_

LEAGUE: \_\_\_\_\_ DIVISION: \_\_\_\_\_ RECORD: \_\_\_\_\_

	PLAYER'S NAME	ADDRESS	ID/Report Card	Age	BIRTH CERT.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

COACH'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Submit this roster, fee and required documents to the:

Boys & Girls Club of Chicopee, 580 Meadow Street, Chicopee, MA 01013

All rosters, fees and required documents must be submitted to Club by Saturday, March 4, 2017 at 12 noon