FOUNDATION OF HOOPS

Building Basketball through the Players!

Team Name: _____ Grade: _____

Manager Name: _____ School Dist: _____

Manager Email: _____ School: _____

Manager Phone #: _____

| Uni # | Player Name | Grade | School | Birthdate | Parent Name | | Phone # | Yrs. Exper | Previous Team | Competitive? |
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Please complete all information on this roster. After submission and acceptance, you will receive a USSSA.com log-in and password and will be asked to input all of this information online again.