

CHAMBERSBURG RECREATION DEPARTMENT

Sr. Church Basketball Roster

Coach's Name: _____ **Address:** _____

Phone Number: _____ **Coach's Email:** _____

Ast. Coach's Name: _____ **Address:** _____

Phone Number: _____ **Ast. Coach's Email:** _____

1.	Name	Address	Phone	Grade	Date of Birth	Circle Residency							Jersey #
						CB	GU	GR	HAM	LU	LKY	OTR	
2.						CB	GU	GR	HAM	LU	LKY	OTR	
3.						CB	GU	GR	HAM	LU	LKY	OTR	
4.						CB	GU	GR	HAM	LU	LKY	OTR	
5.						CB	GU	GR	HAM	LU	LKY	OTR	
6.						CB	GU	GR	HAM	LU	LKY	OTR	
7.						CB	GU	GR	HAM	LU	LKY	OTR	
8.						CB	GU	GR	HAM	LU	LKY	OTR	
9.						CB	GU	GR	HAM	LU	LKY	OTR	
10.						CB	GU	GR	HAM	LU	LKY	OTR	
11.						CB	GU	GR	HAM	LU	LKY	OTR	
12.						CB	GU	GR	HAM	LU	LKY	OTR	
13.						CB	GU	GR	HAM	LU	LKY	OTR	
14.						CB	GU	GR	HAM	LU	LKY	OTR	
15.						CB	GU	GR	HAM	LU	LKY	OTR	

Jersey Color / Team Name: _____ **Date:** _____ **Signature:** _____

*** Code for Township/Residency: CB-Chambersburg Borough; GU-Guilford; GR-Greene; HAM-Hamilton; LU-Lurgan; LKY-Letterkenny; O-Other