CLINCH RIVER HOOPS

Official Tournament Roster & Eligibility Verification Form

Phone: 865-356-4258 **Email:** clinchriverhoops@gmail.com

Team Name: _____
Coach Name: _____
Tournament/Event: _____
Division: _____ **Contact Phone:** _____

#	First Name	Last Name	Jersey	Grade	Age	Birthday	Verified
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Roster Certification
I certify that all players listed on this roster meet the eligibility requirements for this event. Birth certificates, report cards, or other eligibility documents must be available upon request.

Coach Signature: _____

Date: _____

Tournament Director Approval
Roster Approved By: _____

Date Approved: _____