



TIDEWATER CATHOLIC BASKETBALL LEAGUE
OFFICIAL ROSTER

(TYPE OR PRINT IN INK)

PARISH: _____

Team: _____

	Full Name:	Date of Birth:	Age of 03/01/02:	Grade:	Phone #:	E-mail address:	Parish School [yes/no]	Parish CCD [yes/no]	TCBL Reg. Form:
1									
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12									

Coach: _____
Name Phone #

Certifying League Of

Asst. Coach: _____
Name Phone #

Team Manager: _____
Name Phone #

Parish Rep: _____

