**MAIL TO:**
GBA, Inc.
Jeff Ferguson
P.O. Box 115
Byesville, Ohio 43723
740-685-2468

# OFFICIAL TEAM ROSTER AND ENTRY FORM

NO CHECKS **MONEY ORDERS ONLY!**

*All Player Information MUST be filled out. All coaches MUST include an E-mail Address*

**EMAIL**
scheduling@gbabasketball.com
FOR SCHEDULING REQUESTS ONLY
**BY MDIDAY AT IDOi**
TOURNAMENT NAME MUST BE IN SUBJECT LINE
**NO GUARANTEES**

TOURNAMENT DATE_____ GRADE DIVISION___ TOURNAMENT NAME._____ TEAM NAME ___ _

TRAVEL CONTACT/TEAM MOM_____CELL - - - - - - - - - EMAIL- - - - - - - - - - - -

| JERSEY # | NAME | ADDRESS | CITY/STATE | ZIP CODE | DATE OF BIRTH | PHONE | SCHOOL |
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I hereby certify that all infonnation above is correct and in all consideration of participating in this or any Girls' Basketball Assoc. event, that I assume full responsability for all players listed above and that I have in my possession signed papers from each parent that states that they agree not to hold responsible Girls' Basketball Association, it's members, coaches, servants, or employees on account of any injury or loss or damage suffered as a result of a player participating in this or any GBA event, including but not limited to games, practices or travel to and from these activities.

COACH SIGNATURE_____ _

**PLAYER ELIGIBILITY DATE: Check GBA rules on website**

**NO PERSONAL OR TEAM CHECKS**
**MONEY ORDERS/CERTIFIED CHECKS ONLY**

COACH NAME (PRINij_____ _
ADDRESS_____ _
CITY & ZIP CODE._____ _
PHONE: HOMEL} ___ CELLL} ___ _
E-MAIL._____ _