

Blacktop Use Only:

7-9 10-11 12-13 14-15 16

Team #_____ Team Color_____

Reading Blacktop Basketball Inc. PO BOX 14192 Reading, Pa, 19612

Competition Preference (please circle A or B):

A = Advanced/Experienced Players B = Beginner/Moderate Players

2025 TEAM ROSTER

Age Group (circle): 7-9 10-11 12-13 14-15 16

| Team Name | | | | |
|-------------|-----------|-----------------------------|-------|---|
| Head Coach | | Preferred NumberAlt. Number | | |
| E-mail | All. | Number | | _ |
| Asst. Coach | Pref | erred Number | | |
| E-mail | | _ Alt. Number | | |
| First Name | Last Name | Age | Phone | |
| 1 | _ | | | |
| 2 | _ | | | |
| 3 | _ | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11. | | | | |
| 12. | | | | |