



**Blacktop Use Only:**

Age Group: 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

**2024 TEAM ROSTER**

Age Group (circle):

**Team Name** \_\_\_\_\_

Team #: \_\_\_\_\_

**Head Coach** \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Asst. Coach** \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_

	<b>First Name</b>	<b>Last Name</b>	<b>Age</b>	<b>Phone</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____