



Knox County ALL-STAR Official Team Roster Form

Complete all information below and return the form to the League Director.
 Complete one form for each team in the league. All players must be registered to participate.
Please type or print legibly

Name of Organization: _____ Team Name: _____

Signature Head Coach: _____ Print Name Head Coach: _____

Email: _____ Phone/Daytime: _____ Fax: _____

Address: _____ City: _____ State _____ Zip: _____

Signature Assistant Coach: _____ Print Name Asst. Coach: _____

Email: _____ Phone/Daytime: _____ Fax: _____

Address: _____ City: _____ State _____ Zip: _____

Please circle correct league and division below.			
6 Under – Boy’s or Girl’s	Boy’s League 8u, 10u, 12u, 14u	Girl’s League 8u, 10u, 12u, 14u	
Player Name	Birth Date	Age	Name of School
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

kcasorf 1/11/08

To the best of my investigated and concerned knowledge, all of the above players have played in only one Knox County Youth Basketball League and/or team for the 2020-2021 season and were born on the above dates and have proof of stated birth.

 Signature of League Director/Commissioner _____
 Date