2009 - 2010 Overtime League Coaches Roster Form

Cost: $475 plus teams pay their own referee fee ($30/game)

Mail check, roster & individual player registrations by 11-14-09 to Renegades, 858 Street Rd., Southampton, PA 18966

All games played at the Renegades' Kelly Bolish Gym, 2950 Turnpike Drive, Hatboro, PA 19040
www.renegadesbasketball.com or parenegades@comcast.net or 215-364-1426

Name of Team _____ Age _____ Grade _____ Due Date: November 14, 2009

Circle Gender of Team: Boys or Girls Team Level: A B C

Head Coach _____ Home Phone _____Work _____ Cell _____Email _____

Team Contact _____ Home Phone _____Work _____ Cell _____ Email _____

Most games will be played on Saturdays, we can accommodate some games on weeknights if necessary. Please let us know 3 convenient game times in order of preference:

_____ _____ _____

I, as coach of my team certify that all players have personal primary health insurance and have medical & liability insurance coverage with our School, Township, CYO, AAU or club organization.

_____Signature of head coach_____date

Player's Name	Date of Birth	School	Grade	Street Address	City/State