



**THE KENTUCKY
BASKETBALL
COMMISSION**

KBC ROSTER FORM

Tournament Name: _____ Date: _____
Team Name: _____ Division/Class: _____
Coach Name: _____ Phone: _____
Email: _____ City/State: _____

PLAYERS

#	Name	Class/Grade	School

By submitting this roster and participating in this event, I acknowledge that I understand the rules and commit to upholding the highest level of sportsmanship.

Head Coach Signature: _____ Date: _____