TEAM PICTURE – should be e-mailed directly to CIF by March 5, or if impossible to do so, MUST BE SUBMITTED TO the CCS COMMISSIONER NO LATER THAN the CCS Finals:

PLEASE EMAIL TEAM PHOTO TO:
ezack@cifstate.org

STATE BASKETBALL TEAM ROSTER

This team roster form is for the STATE PLAYOFFS and is due to the CCS Commissioner No Later than the CCS Finals if you did not turn in a roster form to CCS for the CCS Championships. If you did turn in a roster that appears in the CCS program, the CCS will e-mail that Roster for use by the CIF on your behalf and you need not complete this form.

SCHOOL NAME_____ **BOYS** ____ **GIRLS**____

DIVISION: I II III IV V

SCHOOL MASCOT: _____

CITY: _____

SECTION: CCS

HEAD COACH: _____

ASSISTANT COACHES: _____

PRINCIPAL: _____

ATHLETIC DIRECTOR: _____

Athletic Office phone: _____

Athletic Fax Number : _____

e-mail:_____

Varsity Player Information—please list in numerical order—type or print neatly please!

NO.	NAME (last, first)	POSITION	HEIGHT	YR IN SCHOOL
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____

No more than 15 players may suit up for a contest and be listed in the program

3. REQUIRED CONFIDENTIAL INFORMATION*

*COACH _____
please print first and last name

*Home Phone# (_____)_____ *OVERALL SEASON RECORD_____-____-___

*Work Phone# (_____)_____ *LEAGUE RECORD _____-_____-_____

Cell Phone # (_____)_____ *LEAGUE FINISH_____