



2008 Run & Shoot Fall League

Team Name _____

\$595

Division

10U

11U

12U

13U

14U

15U

16U

Head Coach: _____

Cell Ph: _____ email: _____

Asst Coach: _____

Cell Ph: _____ email: _____

	Player Name	Age	Grade
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Please mail roster and payment to:

**QCAA Basketball
P.O. Box 473425
Charlotte, NC 28247**