FINAL TEAM ROSTER



TEAM NAME:_____

Must be filled out and signed by ALL players and submitted to the league via email to nblvleague@gmail.com by the last Friday in October.

DIVISION:

For the 2023 - 2024 Season, submit by October 27th, 2023.

1 st Contact Person: Address: Postal Code:		2 nd Contact Person: Address: Postal Code:							
					Phone:		Phone:		
					Email:		Email:		
(Note: all league email will have "NBLVL" in PLAYER SIGNATURE		(pls circle)							
PLAYER NAME	(Must match how you will sign	the PHONE	DATE	PHOTO					
(must print)	scoresheet each week)	NUMBER	SIGNED	RELEASE					
1.				Yes / No					
2.				Yes / No					
3.				Yes / No					
4.				Yes / No					
5.				Yes / No					
6.				Yes / No					
7.				Yes / No					
8.				Yes / No					
9.				Yes / No					
10.				Yes / No					
11.				Yes / No					
12.				Yes / No					
13.				Yes / No					
14.				Yes / No					
15.				Yes / No					
16.				Yes / No					
17.				Yes / No					
18.				Yes / No					
19.				Yes / No					
20.				Yes / No					
EOD LEAGUE UST:									
FOR LEAGUE USE: Date	Date Rec'd	Bv	By Whom:						
Stamped:	By Executive	- '							