KING OF THE COURT CLASSIC 2010 - TEAM ROSTER

RETURN THIS FORM BY MAIL TO: 1821 Lake Trace Dr. Jackson, MS 39211

TEAM NAME:	
AGE DIVISION:	
RATE YOUR TEAM: *(check one)*	☐ Excellent: top 25 in the country ☐ Very Good: top 100 in the country ☐ Good: strong and competitive ☐ Fair ☐ Local competitive team

What time/date will your team arrive in Jackson? (for scheduling purposes)	
Team Hotel in Jackson:	

COACH'S NAME	CELL PHONE IN JACKSON	EMAIL ADDRESS

#	PLAYER'S NAME	SCHOOL	POSITION	HT	GRADE	BIRTH DATE

BOYS MUST MEET AGE OR GRADE QUALIFICATION FOR DIVISION. AGE DETERMING DATE IS 9/1/10. ANY SENIOR PLAYERS CANNOT BE MORE THAN 1 YEAR OVER AGE FOR THE DIVISION.
ANY SENIOR WHO IS OVER AGE AND HAS SIGNED A LETTER OF INTENT WITH ANY COLLEGE MAY NOT PARTICIPATE.

FOR 14U, 15U, 16U & 17U BOYS TEAMS ONLY
PROVIDE INFO ON YOUR TOP 5 PLAYERS

	Player Name	Address	City, ST ZIP	Phone	Rating*
1					
2					
3					
4					
5					

***RATING KEY:**
1= Top 25 in country for their position | 2=Top 100 in country for their position | 3=Top 200 in country for their position
4= Not sure but major potential - should be looked at by D1 coach