



Texas Amateur Athletic Federation Official Team Roster Form – ADULT Basketball

Region _____ City _____ Sport _____ Division _____ Team Name _____

NOTE: 1.) Each player and team manager should read the statement on Page 2 before completing and signing this roster.

Print or Type Player's Name	Player's Signature	Bona fide Residence (Street, City, State, Zip))	Phone	Texas Drivers Lic or Picture ID#
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

TEAM MANAGER'S GUARANTEE: Each manager should read the statement on Page 2 before completing and signing this roster.

Manager's Name (Print or type) _____ Signature of Team Manager _____ Email address _____ Date _____

Manager's Address (Print or type) _____ Home Phone _____

City _____ Zip _____ Business Phone _____ Signature of local T.A.A.F. Representative _____ Signature of Region Director or Region
Tournament Director (if applicable)