CHARLESTON CHURCH RECREATION ASSOCIATION
BASKETBALL ROSTER

1st Half _____ 2nd Half _____ Date Received _____

_____ Name of Church/Synagogue

_____ Mailing Address

_____ Phone

_____ Name of Coach

_____ Home Phone

_____ Work Phone

Age Division _____ _____ Coach's Email Address

ATHLETE'S NAME	REGULAR CHURCH ATTENDEE	90-DAY CHURCH ATTENDEE	GRADE	AGE	DATE OF BIRTH	FIRST DATE ELIGIBLE	CLERGY APPROVAL (INITIALS)

*We certify that the above named players have complied with all **CCRA eligibility requirements** and are officially eligible to represent our Church/Synagogue in league play.*

_____ Clergy

_____ CCRA Representative

_____ Coach

_____ Date

_____ Date

_____ Date