

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