P.A.L. Basketball

PRIDE ATTITUDE LEADERSHIP

SEAL OF THE CITY OF BUFFALO

Team Name _____   Division _____

Head Coach _____   Phone # _____

Asst. Coach _____   Phone # _____

Team Player Roster
Please print each name legibly.

Full Name	Address	Phone	ZIP	School	D.O.B
_____	_____	_____	_____	_____	_____
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