SOUTHWESTERN OHIO BASKETBALL
2024 SUMMER LEAGUE

Team Name: _____

E-Mail Adrress: _____ ***Day*** _____

Division:									
	Boys	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9/10**	**11/12**
	Girls		**3**	**4**	**5**	**6**	**7**	**8**	**HS**	

Coach: _____ **Phone:** _____

Address: _____ **Cell:** _____

_____ **Fax:** _____

Asst Coach: _____ **Phone:** _____

Asst Coach: _____ **Phone:** _____

Player:	**Email:**	**Grade:**	**Birthdate:**