SOUTHWESTERN OHIO BASKETBALL
2025 FALL LEAGUE

Team Name: _____

E-Mail Adrress: _____

Schedule Requests: _____

_____

Division:	**Boys**	**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 Address:**	**Phone:**	**Grade:**	**Birthdate:**

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