When Completed SAVE AS Club/Team Name and Grade

Please Fill In ALL Areas

2019 Southeastern District AAU Girls Basketball Roster

Team/Club Name/ Coach's last name		**AAU Club #**	
Grade :		**Home #**	
FAX Number :	**Cell Number :**	**E-Mail :**	

State Tournament: (Please indicate Grade): **Site:**

State Ranking Series event: (Please indicate Host Club): **Date:**

Coaches / Bench Personnel

	Last Name	First Name	AAU #	Home Phone	Cell Phone	Street Address	City	ST	Zip
Head									
Asst									
Asst									
Asst									
Book									

	Last Name ALPHABETICAL ORDER	First Name	Birth Date	AAU Number	School	Grade	Street Address	City	ST	Zip
1										
2										
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