CCS BASKETBALL TEAM INFORMATION/ROSTER

(Due to CCS BY FEBRUARY 1st)

California Interscholastic Federation
Central Coast Section
Governance of H.S. Athletic Programs from San Francisco to King City

SCHOOL NAME_____ **BOYS** ____ **GIRLS**____

IN ORDER TO BE INCLUDED IN THE CCS OFFICIAL BASKETBALL PROGRAM, THIS COMPLETED FORM MUST BE ***RECEIVED IN THE CCS OFFICE BY FEBRUARY 1***

DIVISION: I II III IV V **PRINCIPAL:** _____

SCHOOL MASCOT: _____ **ATHLETIC DIRECTOR:** _____

SCHOOL COLORS: _____ **Athletic Office phone:** _____

ENROLLMENT: _____ **Coach Home Phone:** _____

HEAD COACH: _____ **e-mail:**_____

ASSISTANT COACHES: _____

Varsity Player Information—please list in numerical order—type or print neatly please!

NO.	NAME (last, first)	POSITION	HEIGHT	YR IN SCHOOL

This team roster form is due to the CCS Office by February 1st!

FAX: 408 – 224 – 0476 or via e-mail to: rmiailovich@cifccs.org