

FAASA 2024 BASKETBALL TEAM ROSTER

FAASA CITY:

DIVISION:

Cut-off Year:

	Last Name	First Name	Date of Birth (yyyy-mm-dd)	Father's Information			Mother's Information			Jersey No.
				Family Name	Given Name	Place of Birth	Family Name (maiden)	Given Name	Place of Birth	
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I hereby certify that I have checked and verified all the documents of the above players, and to the best of my knowledge, they are in compliance with all the rules and regulations of FAASA, Inc. and that if found fraudulent, I could be held accountable and subject to disciplinary actions by the Commissioner of FAASA, Inc.

TEAM COACH:

DATE:

