



CHICAGO BULLS TRAINING ACADEMY

BASKETBALL TOURNAMENT/LEAGUE ROSTER

TEAM ROSTER TEAM

Date Received: _____

Team Name: _____

Head Coach's Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number #1: _____

Phone Number #2: _____

Email Address: _____

Assistant Coach's Name: _____

Phone Number: _____

Email Address: _____

Circle One: Boys' Girls'

Level: 4th 5th 6th 7th 8th
9th/10th 11th/12th

	PLAYER'S NAME	AGE	GRADE	#
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____
11	_____	_____	_____	_____
12	_____	_____	_____	_____
13	_____	_____	_____	_____
14	_____	_____	_____	_____