

PENNSYLVANIA SENIOR GAMES BASKETBALL TOURNAMENT TEAM ROSTER

Team Name: _____ E-mail Address: _____
Team Captain: _____ Phone: _____
Address: _____ City, State, Zip Code: _____

Age Bracket: 50-54 55-59 60-64 65-69 70-74 75+
 Male

**** ALL PLAYERS MUST HAVE ID IN THEIR POSSESSION SHOULD ANY QUESTIONS ARISE ****

Rosters are not finalized until the first game of the tournament.
Team captain may add and delete team members up until that time.

1. Name: _____ Birth Date: _____
2. Name: _____ Birth Date: _____
3. Name: _____ Birth Date: _____
4. Name: _____ Birth Date: _____
5. Name: _____ Birth Date: _____
6. Name: _____ Birth Date: _____
7. Name: _____ Birth Date: _____
8. Name: _____ Birth Date: _____
9. Name: _____ Birth Date: _____
10. Name: _____ Birth Date: _____

Please Complete and Return to:
Pennsylvania Senior Games
c/o Keystone State Games
PO Box 1166
Wilkes-Barre, PA 18703-1166