"SMALL FRY" BASKETBALL
OFFICIAL ELIGIBILITY LIST

Please type or print clearly

Name of Organization _____ **Address** _____

Representative _____ **Coach** _____

Player's Name	Age	Date of Birth	Birth Place	Signature	Grade	School Attending

OFFICIAL ELEGIBILITY LIST MUST BE RECEIVED NO LATER THAN 15 DAYS PRIOR TO REGIONAL PLAY-OFFS IN YOUR AREA

THIS FORM MUST BE FILLED OUT COMPLETELY BEFORE MAILING BACK TO HEADQUARTERS. PLAYERS NAME MUST APPEAR TO BE ELIGIBLE FOR SMALL FRY PLAY.