



NORTH AMERICAN BASKETBALL ASSOCIATION 2023 LABOR DAY TOURNAMENT September 1-3, 2023



TEAM PHOTO & ROSTER FORM

NABA City:		Division:			Cut-off Year:
(Insert Picture Here)					
Family Name:	Family Name:	Family Name:	Family Name:	Family Name:	Family Name:
Given Name:	Given Name:	Given Name:	Given Name:	Given Name:	Given Name:
D.O.B. (yyyy-mm-dd):	D.O.B. (yyyy-mm-dd):	D.O.B. (yyyy-mm-dd):	D.O.B. (yyyy-mm-dd):	D.O.B. (yyyy-mm-dd):	D.O.B. (yyyy-mm-dd):
Jersey No.:	Jersey No.:	Jersey No.:	Jersey No.:	Jersey No.:	Jersey No.:
Family Name:	Family Name:	Family Name:	Family Name:	Family Name:	Family Name:
Given Name:	Given Name:	Given Name:	Given Name:	Given Name:	Given Name:
D.O.B. (yyyy-mm-dd):	D.O.B. (yyyy-mm-dd):	D.O.B. (yyyy-mm-dd):	D.O.B. (yyyy-mm-dd):	D.O.B. (yyyy-mm-dd):	D.O.B. (yyyy-mm-dd):
Jersey No.:	Jersey No.:	Jersey No.:	Jersey No.:	Jersey No.:	Jersey No.:
Family Name:	Family Name:	Family Name:	Family Name:	Family Name:	Family Name:
Given Name:	Given Name:	Given Name:	Given Name:	Given Name:	Given Name:
D.O.B. (yyyy-mm-dd):	D.O.B. (yyyy-mm-dd):	D.O.B. (yyyy-mm-dd):	D.O.B. (yyyy-mm-dd):	D.O.B. (yyyy-mm-dd):	D.O.B. (yyyy-mm-dd):
Jersey No.:	Jersey No.:	Jersey No.:	Jersey No.:	Jersey No.:	Jersey No.:

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 NABA, and that if found fraudulent, I could be held accountable and subject to disciplinary actions by the Commissioner of NABA.

City Director: _____

Date: _____