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| **NORTH AMERICAN BASKETBALL ASSOCIATION (NABA)**  **HOST CITY: AJAX, ONTARIO**  **TOURNAMENT YEAR: 2024** |

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| **TEAM PHOTO & ROSTER FORM** |

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| **NABA City:** | **Division:** | **Cut-off Year:** |

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| Given Name: | Given Name: | Given Name: | Given Name: | Given Name: |
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| 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): |
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| Accredited by: | Accredited by: | Accredited by: | Accredited by: | Accredited by: |
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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 NABA, and that if found fraudulent, I could be held accountable and subject to disciplinary actions by the Commissioner of NABA.

**City Director**: **Date:**