**Maine Senior Games Basketball Roster**

This is a fillable form. Use your TAB key to move from one cell to the next. Complete and save the form before emailing it to us. **BOLD** the team gender and the age division for this team. We will confirm to let you know we have received your roster.

|  |  |  |  |
| --- | --- | --- | --- |
| Team Name |  | Team gender | Male Female |
| Team Contact |  | Cell | Email  |
| 2nd Team Contact |  | Cell | Email |
| Age Division | 50-54 55-59 | 60-64 65-69 | 70-74 75-79 |
| Age Division | 80-84 | 85-89 |  |

**Each athlete and coach on a team must turn in a properly completed and signed athlete waiver. This can be done when you register on line or at the event prior to participating.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Player #** | **Name (first and last)** | **Date of Birth****00/00/0000** | **Waiver signed (MSG use only)** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
| **9** |  |  |  |  |
| **10** |  |  |  |  |

 **Womens’ teams please return this completed form to Deb Smith,** **N2Ldeb@yahoo.com**

**Mens’ teams please return this completed form to Karen Reardon,** **maineseniorgames2020@gmail.com**

**Registration deadline is August 25, 2025**