2021 Illinois Senior Olympics Presented by Health Alliance MEDICARE℠ HealthAllianceMedicare.org

Basketball Team Roster Form

Sunday, October 31st, 2021
Randall Oaks Recreation Center
500 Randall Rd.
West Dundee, IL 60118

Deadline: October 15th
Cost: $125 per team
Max roster size: 10

*Refunds will be issued in the event of COVID cancellation.

Team Name: _____

Coach/Manager Name: _____

Address: _____

Phone: _____ Email: _____

Age Division (Based on youngest Player)

50+ 55+ 60+ 65+ 70+ 75+ 80+ 85+

Please Circle One

Name	Date of	Shirt Size	Address (City, State, Zip)

Team Manager Signature: _____ Date:_____

Please note: Only one (1) Roster will be accepted per team. The Roster must include a copy of the enclosed **RELEASE FORM** signed by each player. **The deadline for completed registrations is Friday, October 15th** Incomplete registrations will be returned. The team **Roster**, individual **release forms**, and **payment ($125 per team)** should be mailed together to:

Illinois Senior Olympics
701 W. Mason St.
Springfield, IL 62702