



15707 SW Walker Road, Beaverton OR 97006 - (503) 629-6330

Adult Basketball Team Roster

YEAR: _____ SEASON: _____ ☐ WINTER ☐ SUMMER

NAME OF TEAM _____ EMAIL (REQUIRED) _____

MANAGER/COACH _____ MAIN PHONE _____

SECONDARY PHONE _____

MAILING ADDRESS _____
Street City Zip

ALTERNATE CONTACT: _____ EMAIL _____ PHONE _____

HOME JERSEY COLORS _____ AWAY JERSEY COLORS _____

LIST OUT-OF-DISTRICT PLAYERS FIRST!!

((TEAM ROSTERS MUST BE TYPED OR NEATLY PRINTED))
MINIMUM NUMBER OF PLAYERS - 8

| OUT Dist. | IN Dist. | Name | THPRD ID # Account must be current through the season | Home Phone | Highest Level Played None/Rec./H.S./ College | *Years Of Exp. |
|--------------|-------------|------|--|---------------|---|----------------------|
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*Number of years participated in basketball.

League Requested: _____

| Staff Use Only | Date | Amount Paid | Payment Type/# | Initials |
|----------------------|------|-------------|----------------|----------|
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Adult Basketball Team Placement Winter 2026

This form must accompany your team roster. Managers may be called to help with classification.

1. TEAM NAME: _____
2. LAST YEAR/SEASON TEAM NAME, IF DIFFERENT _____
3. LEAGUE NAME & DIVISION OF PLAY LAST YEAR _____
4. LAST YEAR/SEASON RECORD: Won _____ Loss _____
NUMBER OF RETURNING PLAYERS: _____
5. AVERAGE YEARS OF PLAYING EXPERIENCE: _____
NUMBER OF PLAYERS W/ COLLEGE EXP.: _____
NUMBER OF PLAYERS W/ HIGH SCHOOL EXP.: _____
6. ADDITIONAL COMMENTS ON TEAM PLACEMENT _____

7. LEAGUE PREFERENCE: **(Circle One)** – Depending on the number of teams and court availability, game nights may vary.

MEN'S

A/B

C

D

E

Responses to the above will be used to determine team placement in the league. Final decision will be made by the Tualatin Hills Adult Basketball Program Coordinator.