

2019 Marquette Team Camp Shootout Roster

**Please return this roster by email or fax*

Pamela.brown@mu.edu or fax to 414-288-5282

Team Name _____

Coach _____

Phone Number _____ Email _____

| | Print First and Last Name | Jersey # | Graduation Year | T-Shirt Size |
|------------|----------------------------------|-----------------|------------------------|---------------------|
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