



ALL-STAR TEAM ROSTER

20_____

LEAGUE _____ STATE _____ AGE DIVISION _____

BOYS / GIRLS

PLAYER'S NAME	ADDRESS: street, city and zip	PHONE #	Date of Birth	Uniform No.
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				
10. _____				
11. _____				
12. _____				

(Roster, Birth Certificate and Letter of Eligibility must be presented to tournament Director at ALL tournaments.)

***COACH _____ Cell # _____ Email _____

ASST. COACH _____ Cell # _____ Email _____

INSURING COMPANY _____ POLICY# _____

I hereby certify that all of the above information is true and correct:

 League President

 Regional Director