



# LEAGUE TEAM ROSTER

20\_\_\_\_\_

TEAM NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLAYER'S NAME	ADDRESS: street, city and zip	Date of Birth
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____

(Birth Documents will be presented to the Regional Director or Headquarters upon request.)

\*\*\*COACH \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

ASST. COACH \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

INSURING COMPANY \_\_\_\_\_ POLICY# \_\_\_\_\_

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

\_\_\_\_\_  
Name of League

\_\_\_\_\_  
League Director