



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