

## OFFICIAL ROSTER

## ALL AREAS OF THIS FORM MUST BE FILLED OUT COMPLETELY OR IT WILL NOT BE ACCEPTED!

TEAM NAME:		ADDRESS		
SPORT:	DIVISION (LEAGUE):	YEAR:	MANAGER'S NAME: _	<del></del>
MANAGER'S ADDRESS:		PHONE:	*E-MAIL:	
PLAYER	NAME	ADDRESS	ZIP	PHONE
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Date.	TEAM MANAGER'S SIGNATURE:	

ALL SCHEDULES AND CORRESPONDENCE WILL BE SENT VIA E-MAIL.