

AABC OFFICIAL ROSTER FORM

	AGE DIVISION					
AABC ROSTER SHEET (Place an X before the "extra" players.)						
	Player's Name	ADDRESS	DOB	Number	PHONE #	Parent Email
1						
2						
3						
4						
5						
6						
7						
8						
9						
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11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21**						
22**						
23**						
24**						
**Stan Musial only						
		NAME of TEAM				
Coach:			NAME of LEAGUE			Coach: _____
Address:			RECORD FOR YEAR	WON _____	LOST _____	Address: _____
City/St/Zip:						City/St/Zip: _____
email:			TEAM MANAGER'S NAME			email: _____
Coach:			ADDRESS (City/St./Zip)			Coach: _____
Address:						Address: _____
City/St/Zip:			MANAGER'S PHONE			City/St/Zip: _____
email:			MANAGER'S EMAIL			email: _____
THIS FORM MUST BE COMPLETED IN FULL AND <u>TYPED</u>						
						Certifying League Official Sign Here