

AABC OFFICIAL ROSTER FORM

AGE DIVISION _____

AABC ROSTER SHEET (Place an X before the "extra" players.)

	Player's Name	E-MAIL ADDRESS	DOB	Number	PHONE #	Player's Signature
1						
2						
3						
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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 TYPED

Certifying League Official Sign Here