

| |
|------------------|
| Team: |
| Division: |

Boardman Community Baseball

Team Roster for: (year) _____

PLEASE LIST PLAYERS ALPHABETICALLY

| | PLAYER'S NAME | STREET ADDRESS | CITY, STATE, ZIP | PHONE # | BIRTHDATE | AGE |
|----|---------------|----------------|------------------|---------|-----------|-----|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |

| Manager | STREET ADDRESS | CITY, STATE, ZIP | PHONE # | E-MAIL ADDRESS |
|--------------------------|----------------|------------------|---------|----------------|
| | | | | |
| Coaches | | | | |
| | | | | |
| Assistant Coaches | | | | |
| | | | | |
| Team Mom | | | | |
| | | | | |

List any players who were on your original roster that have decided not to play this season.

| | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |

This form must be completed and returned to the league office by the team mom during the team mom meeting - prior to team photo day. This form NEEDS to be returned to receive team hats. Forms will not be accepted prior to the meeting. If your team is having pictures taken on a makeup date, someone from your team should still turn in this form at the team mom meeting to receive your hats.