

AABC ROSTER FORM

DIVISION _____

AABC ROSTER SHEET (Place an X before the extra players and place in numerical order.)

PLAYER'S NAME	NO.	POS.	BATS	THROWS	HT.	WT.	DATE OF BIRTH	NAME OF SCHOOL	ADDRESS	PLAYER-SIGN HERE
1)										
2)										
3)										
4)										
5)										
6)										
7)										
8)										
9)										
10)										
11)										
12)										
13)										
14)										
15)										
16)										
17)										
18)										
19)										
20)*										
21)**										

* Connie Mack Only

** Stan Musial Only

Certifying League Official Sign Here

(Do not use the tab/enter keys in the box below. Use arrow keys/mouse to move from lin to line.) Erase This line prior to printing

MAKE TWO (2) COPIES AND REMIT AS FOLLOWS'

1. Mail one copy or e-mail to your Regional Tournament Director as indicated on World Series Bulletin.
2. Retain one copy for your files.

NAME OF TEAM WITH TOWN _____

TEAM RECORD FOR YEAR _____ WON _____ LOST

MANAGER'S NAME _____

ADDRESS _____

PHONE _____

THIS FORM MUST BE COMPLETED IN FULL