

# AABC OFFICIAL ROSTER FORM

AGE DIVISION \_\_\_\_\_

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

	Player's Name	City, State, Zip Code	Age	Date of Birth	Player's Signature	EMAIL
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
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: _____	TEAM MANAGER'S NAME	City/St/Zip: _____
email: _____	ADDRESS (City/St./Zip)	email: _____
Coach: _____	MANAGER'S PHONE	Coach: _____
Address: _____	MANAGER'S EMAIL	Address: _____
City/St/Zip: _____		City/St/Zip: _____
email: _____		email: _____

**THIS FORM MUST BE COMPLETED IN FULL AND TYPED**

\_\_\_\_\_  
Certifying League Official Sign Here