

District 39 TOC Baseball Team Roster

Please check level of play

League Identification Number _____ Address _____
 League President _____ City _____
 League Name _____ State _____ Zip _____

Baseball

Minor League

Little League

NAME OF PLAYER (FIRST) (LAST)	STREET ADDRESS	CITY, STATE OR PROVINCE ZIP / POSTAL CODE	Please Check:	BIRTH DATE mm/dd/yy	PARENT NAME (FIRST) (LAST)	PARENT EMAIL	PARENT PHONE #
1			M F				
2			M F				
3			M F				
4			M F				
5			M F				
6			M F				
7			M F				
8			M F				
9			M F				
10			M F				
11			M F				
12			M F				
13			M F				
14			M F				
15			M F				
Additional spaces are provided for Minor League rosters only							
16			M F				
17			M F				
18			M F				
19			M F				
20			M F				
MANAGER AND COACHES	STREET ADDRESS	CITY, STATE OR PROVINCE	ZIP / POSTAL CODE	EMAIL	PHONE		

TEAM NAME _____ Signed _____ Date _____