

AABC ROSTER FORM

DIVISION _____

AABC ROSTER SHEET (Place and 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

MAKE TWO (2) COPIES AND REMIT AS FOLLOWS'

1. Mail one copy 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 AND TYPED