



ALL-STAR PLAYER ROSTER

All information is to be typed or computer generated. Complete this form for each division competing. Send the original to Corporation. **MUST BE RECEIVED BY THE DATE ANNOUNCED BY THE CORPORATION.** Alternates, if any, must be designated. This is the official tournament roster and cannot be altered unless approved by the Tournament Committee.

LEAGUE: _____

DIVISION: _____

LEAGUE COLORS: _____

LEAGUE PRESIDENT: _____

LEAGUE PRESIDENT PHONE: () - or () -

	PLAYER NAME	DATE OF BIRTH	NUMBER (Required)
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____

	ALTERNATES	NUMBER (Required)
1	_____	_____
2	_____	_____
3	_____	_____

	COACHES (C)/SCOREKEEPER (S)	(Check One)	PHONE (Cell if available)
1	_____ M/F	C <input type="checkbox"/> S <input type="checkbox"/>	() -
2	_____ M/F	C <input type="checkbox"/> S <input type="checkbox"/>	() -
3	_____ M/F	C <input type="checkbox"/> S <input type="checkbox"/>	() -
4	_____ M/F	C <input type="checkbox"/> S <input type="checkbox"/>	() -

Note: If 3 coaches, at least 1 must be female. If 4 coaches, at least 2 must be female. Scorekeeper can be either, however, they are not allowed on the field except for player substitutions.