



DISTRICT TOURNAMENT PLAYER ROSTER

This form is suitable for all District Tournaments (*except the All-Star Tournament*). Complete this form for each league team competing. Mail/fax a copy to the Host League as required for registration.

LEAGUE: _____

DIVISION: _____

TEAM NAME: _____

LEAGUE PRESIDENT: _____

LEAGUE PRESIDENT PHONE: () - or () - _____

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

	COACHES	PHONE (Cell if available)
1	_____	() - _____
2	_____	() - _____
3	_____	() - _____
4	_____	() - _____

UMPIRE _____ () - _____

We certify that all players listed above are regular members of the specified team:

PLAYER AGENT: _____

HEAD COACH: _____

LEAGUE PRESIDENT: _____ **DATE:** _____