

Official Team Roster - For the Year

2008

Softball 16U
 Softball 14U



Roster Due Date: Before League's First Scheduled Game

League _____ State _____ Team _____ Division _____

Players:

	LAST NAME	FIRST NAME	STREET ADDRESS	CITY	ZIP CODE	AGE	DATE OF BIRTH	TELEPHONE #	EMAIL
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

Manager:	LAST NAME	FIRST NAME	STREET ADDRESS	CITY	ZIP CODE	BIRTHDATE MM/DD/YY	TELEPHONE #	EMAIL

Coaches:	LAST NAME	FIRST NAME	STREET ADDRESS	CITY	ZIP CODE	BIRTHDATE MM/DD/YY	TELEPHONE #	EMAIL

Bat Boy/Girl: _____

<p>Distribute as follows: Two Copies to be sent to Babe Ruth Headquarters (Trenton). One Copy to be sent to State Commissioner. One Copy to be sent to District Commissioner. Retain One Copy for your league records.</p>	Accident Insurance Company _____ Policy No. _____ Liability Insurance Company _____ Policy No. _____ <p style="text-align: center;">Note: Attach certificates of coverage's if other than Babe Ruth Baseball insurance policies are used.</p>
	This is to certify that all of the above information is true and correct. Birth Documents, as listed in Rule 0.04, will be presented to District, State, and Regional Commissioners or Headquarters upon request <p style="text-align: right;">League President's Signature: _____</p>