

Official Tournament Team Roster For the Year _____

18U



INSTRUCTIONS FOR COMPLETION OF ROSTER
PLACE INFORMATION ON TOP OF THE SHADED WORDS.

League Name _____ State _____

1.	PLAYER'S NAME	DATE OF BIRTH	AGE	EMAIL
	STREET ADDRESS	CITY/TOWN	ZIP CODE	AREA CODE & PHONE #
	MAILING ADDRESS	CITY/TOWN	ZIP CODE	
	REGULAR SEASON TEAM NAME		POSITION	UNIFORM NUMBER
2.	PLAYER'S NAME	DATE OF BIRTH	AGE	EMAIL
	STREET ADDRESS	CITY/TOWN	ZIP CODE	AREA CODE & PHONE #
	MAILING ADDRESS	CITY/TOWN	ZIP CODE	
	REGULAR SEASON TEAM NAME		POSITION	UNIFORM NUMBER
3.	PLAYER'S NAME	DATE OF BIRTH	AGE	EMAIL
	STREET ADDRESS	CITY/TOWN	ZIP CODE	AREA CODE & PHONE #
	MAILING ADDRESS	CITY/TOWN	ZIP CODE	
	REGULAR SEASON TEAM NAME		POSITION	UNIFORM NUMBER
4.	PLAYER'S NAME	DATE OF BIRTH	AGE	EMAIL
	STREET ADDRESS	CITY/TOWN	ZIP CODE	AREA CODE & PHONE #
	MAILING ADDRESS	CITY/TOWN	ZIP CODE	
	REGULAR SEASON TEAM NAME		POSITION	UNIFORM NUMBER
5.	PLAYER'S NAME	DATE OF BIRTH	AGE	EMAIL
	STREET ADDRESS	CITY/TOWN	ZIP CODE	AREA CODE & PHONE #
	MAILING ADDRESS	CITY/TOWN	ZIP CODE	
	REGULAR SEASON TEAM NAME		POSITION	UNIFORM NUMBER
6.	PLAYER'S NAME	DATE OF BIRTH	AGE	EMAIL
	STREET ADDRESS	CITY/TOWN	ZIP CODE	AREA CODE & PHONE #
	MAILING ADDRESS	CITY/TOWN	ZIP CODE	
	REGULAR SEASON TEAM NAME		POSITION	UNIFORM NUMBER
7.	PLAYER'S NAME	DATE OF BIRTH	AGE	EMAIL
	STREET ADDRESS	CITY/TOWN	ZIP CODE	AREA CODE & PHONE #
	MAILING ADDRESS	CITY/TOWN	ZIP CODE	
	REGULAR SEASON TEAM NAME		POSITION	UNIFORM NUMBER
8.	PLAYER'S NAME	DATE OF BIRTH	AGE	EMAIL
	STREET ADDRESS	CITY/TOWN	ZIP CODE	AREA CODE & PHONE #
	MAILING ADDRESS	CITY/TOWN	ZIP CODE	
	REGULAR SEASON TEAM NAME		POSITION	UNIFORM NUMBER
9.	PLAYER'S NAME	DATE OF BIRTH	AGE	EMAIL
	STREET ADDRESS	CITY/TOWN	ZIP CODE	AREA CODE & PHONE #
	MAILING ADDRESS	CITY/TOWN	ZIP CODE	
	REGULAR SEASON TEAM NAME		POSITION	UNIFORM NUMBER
10.	PLAYER'S NAME	DATE OF BIRTH	AGE	EMAIL
	STREET ADDRESS	CITY/TOWN	ZIP CODE	AREA CODE & PHONE #
	MAILING ADDRESS	CITY/TOWN	ZIP CODE	
	REGULAR SEASON TEAM NAME		POSITION	UNIFORM NUMBER
11.	PLAYER'S NAME	DATE OF BIRTH	AGE	EMAIL
	STREET ADDRESS	CITY/TOWN	ZIP CODE	AREA CODE & PHONE #
	MAILING ADDRESS	CITY/TOWN	ZIP CODE	
	REGULAR SEASON TEAM NAME		POSITION	UNIFORM NUMBER
12.	PLAYER'S NAME	DATE OF BIRTH	AGE	EMAIL
	STREET ADDRESS	CITY/TOWN	ZIP CODE	AREA CODE & PHONE #
	MAILING ADDRESS	CITY/TOWN	ZIP CODE	
	REGULAR SEASON TEAM NAME		POSITION	UNIFORM NUMBER
13.	PLAYER'S NAME	DATE OF BIRTH	AGE	EMAIL
	STREET ADDRESS	CITY/TOWN	ZIP CODE	AREA CODE & PHONE #
	MAILING ADDRESS	CITY/TOWN	ZIP CODE	
	REGULAR SEASON TEAM NAME		POSITION	UNIFORM NUMBER
14.	PLAYER'S NAME	DATE OF BIRTH	AGE	EMAIL
	STREET ADDRESS	CITY/TOWN	ZIP CODE	AREA CODE & PHONE #
	MAILING ADDRESS	CITY/TOWN	ZIP CODE	
	REGULAR SEASON TEAM NAME		POSITION	UNIFORM NUMBER
15.	PLAYER'S NAME	DATE OF BIRTH	AGE	EMAIL
	STREET ADDRESS	CITY/TOWN	ZIP CODE	AREA CODE & PHONE #
	MAILING ADDRESS	CITY/TOWN	ZIP CODE	
	REGULAR SEASON TEAM NAME		POSITION	UNIFORM NUMBER
16.	PLAYER'S NAME	DATE OF BIRTH	AGE	EMAIL
	STREET ADDRESS	CITY/TOWN	ZIP CODE	AREA CODE & PHONE #
	MAILING ADDRESS	CITY/TOWN	ZIP CODE	
	REGULAR SEASON TEAM NAME		POSITION	UNIFORM NUMBER
17.	PLAYER'S NAME	DATE OF BIRTH	AGE	EMAIL
	STREET ADDRESS	CITY/TOWN	ZIP CODE	AREA CODE & PHONE #
	MAILING ADDRESS	CITY/TOWN	ZIP CODE	
	REGULAR SEASON TEAM NAME		POSITION	UNIFORM NUMBER
18.	PLAYER'S NAME	DATE OF BIRTH	AGE	EMAIL
	STREET ADDRESS	CITY/TOWN	ZIP CODE	AREA CODE & PHONE #
	MAILING ADDRESS	CITY/TOWN	ZIP CODE	
	REGULAR SEASON TEAM NAME		POSITION	UNIFORM NUMBER
C	MANAGER'S NAME			EMAIL
O	MAILING ADDRESS	CITY/TOWN	ZIP CODE	AREA CODE & PHONE #
A	COACH'S NAME			EMAIL
C	MAILING ADDRESS	CITY/TOWN	ZIP CODE	AREA CODE & PHONE #
H	COACH'S NAME			EMAIL
E	MAILING ADDRESS	CITY/TOWN	ZIP CODE	AREA CODE & PHONE #
S	MAILING ADDRESS	CITY/TOWN	ZIP CODE	

League Liability Insurance Company _____ Policy No. _____
Group Accident Insurance Company _____ Policy No. _____

THIS IS TO CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT, AND THAT ALL PLAYERS LISTED ABOVE HAVE PLAYED IN AT LEAST ONE HALF OF THEIR TEAM'S SCHEDULED LEAGUE GAMES PLAYED PRIOR TO THE START OF TOURNAMENT PLAY, AS PER RULE 11.03, PARAGRAPH D.

LEAGUE PRESIDENT'S SIGNATURE

DATE

DISTRIBUTION: Immediately (prior to start of tournament play) mail copy to BRL HQ, P.O. Box 5000, Trenton, NJ 08638
Original Copy – Keep with team credentials