W.S.B.L. TEAM ROSTER FORM

DUE Feb 24

Team Name: _____
Manager: _____
Coaches: _____

_____

_____

Managers phone #'s: (cell) _____
(home)_____

E-mail address: _____

TEAM ROSTER:

Uniform #	Player First name	Player Last name	Birth date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Copy of Birth Certificates & Team Insurance must be turned in with Roster Form.