AABC CERTIFIED TEAM ROSTER- QUALIFIER ROSTER

DIVISION CONNIE MACK OR MICKEY MANTLE

AABC ROSTER SHEET (place an X before the extra players and place in numerical order.)

PLAYER'S NAME	NO.	POS	B	T	HT	WT	DOB	HIGH SCHOOL	ADDRESS	PLAYER-SIGN HERE
1)										
2)										
3)										
4)										
5)										
6)										
7)										
8)										
9)										
10)										
11)										
12)										
13)										
14)										
15)										
16)										
17)										
18)										
19)*										
20)*										

CERTIFYING LEAGUE OFFICIAL SIGN HERE _____ TITLE:_____

TELEPHONE/E-MAIL:_____ DATE:_____

Head Coach:		NAME of TEAM		Gen Mgr:	
Address:		NAME of LEAGUE		Address:	
City/St/Zip:				City/St/Zip:	
E-Mail:				E-Mail:	
Phone:		TEAM MANAGER'S NAME		Phone:	
Coach:		ADDRESS (City / St./ Zip)		Coach:	
Address:				Address:	
City/St/Zip:				City/St/Zip:	
E-Mail:		MANAGER'S PHONE		E-Mail:	
Phone:		MANAGER'S E-MAIL		Phone:	