



Official Team Roster - For the Year 2017

Roster Due Date: <u>06 / 02 / 2017</u>

League Website	League Commissioner/President Signature								
Players:		Team							
LAST NAME	FIRST NAME	STREET ADDRESS	СІТҮ		ZIP CODE	AGE	DATE OF BIRTH	COMMENTS	
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Manager:				ZIP					
LAST NAME	FIRST NAME	STREET ADDRESS	CITY		BIRTHDATE MM/DD/YY	TELE	EPHONE #	EMAIL	
Coaches:			-						
				·					
<u>Return to:</u>									
Email to: Rickyric67@y		Accident Insurance Company					Policy No.		
GLL 2017 Battle of the Bats Tournament PO Box 624							.		
Greenwood, Indiana 46142 Questions may be directed to Ric Blythe 317-223-7281 or			Liability Insurance Company Policy No. This is to certify that all of the above information is true and correct. Birth Documents will be presented to umpire or Tourament director upon request						
Email at Rickyric67@yahoo.com		Coach's Signature:							