



Official Team Roster - For the Year 2011

Roster Due Date: June 17, 2011

- 8u
- 10u
- 12u
- 14u

Triple Play Tournament

League Website _____

League Commissioner/President Signature _____

Team _____

Players:

	LAST NAME	FIRST NAME	STREET ADDRESS	CITY	ZIP CODE	AGE	DATE OF BIRTH	COMMENTS
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:

Return to:
[email to:bkhoppy@hotmail.com](mailto:bkhoppy@hotmail.com) or mail:
 Aaron Hopkins / GLL
 PO Box 624
 Greenwood, Indiana 46142
 Questions may be directed to Aaron Hopkins, 317 752-5225 or e-mail at bkhoppy@hotmail.com

Accident Insurance Company _____ Policy No. _____

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 Tournament director upon request

Coach's Signature: _____