



2016 TEAM ROSTER FORM

Team Name:	Manager:	Division:
Email Address:	Phone:	Home Field:

#	PLAYER NAME	PRIMARY TEAM	2ND TEAM	3RD TEAM	EMAIL (REQUIRED)	REGISTRATION PAPER/ONLINE	AMOUNT	PAID
1								<input type="checkbox"/>
2								<input type="checkbox"/>
3								<input type="checkbox"/>
4								<input type="checkbox"/>
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23								<input type="checkbox"/>
24								<input type="checkbox"/>
25								<input type="checkbox"/>