

Official Team Roster - For the Year

2009

13-15 Major
 13-Year-Old Prep



Roster Due Date: Before League's First Scheduled Game

League Blue Valley Babe Ruth State PA Team _____ Division _____

Players:

| | LAST NAME | FIRST NAME | STREET ADDRESS | CITY | ZIP CODE | AGE | DATE OF BIRTH | TELEPHONE # | EMAIL |
|----|-----------|------------|----------------|------|----------|-----|---------------|-------------|-------|
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Manager:

| LAST NAME | FIRST NAME | STREET ADDRESS | CITY | ZIP CODE | BIRTHDATE MM/DD/YY | TELEPHONE # | EMAIL |
|-----------|------------|----------------|------|----------|--------------------|-------------|-------|
| | | | | | | | |
| | | | | | | | |

Bat Boy/Girl:

Distribute as follows:
 Two Copies to be sent to Babe Ruth Headquarters (Trenton).
 One Copy to be sent to State Commissioner.
 One Copy to be sent to District Commissioner.
 Retain One Copy for your league records.

Accident Insurance Company _____ Policy No. _____
 Liability Insurance Company _____ Policy No. _____
Note: Attach certificates of coverage's if other than Babe Ruth Baseball insurance policies are used.

This is to certify that all of the above information is true and correct. Birth Documents, as listed in Rule 0.04, will be presented to District, State, and Regional Commissioners or Headquarters upon request

League President's Signature: _____