

Little League® Baseball and Softball - Team Roster

League Identification Number _____ Address _____
 League President _____ City _____
 League Name _____ State _____ Zip _____

PLEASE CHECK LEVEL OF PLAY		
<input type="checkbox"/> Baseball	<input type="checkbox"/> Tee Ball	<input type="checkbox"/> Senior League
<input type="checkbox"/> Girls Softball	<input type="checkbox"/> Minor League	<input type="checkbox"/> Big League
<input type="checkbox"/> Boys Softball	<input type="checkbox"/> Little League	<input type="checkbox"/> Challenger
	<input type="checkbox"/> Junior League	<input type="checkbox"/> 50/70

Send to Little League International, Williamsport, Pennsylvania, by June 8, 2010.

NOTE: Instead of mailing rosters, the League President may send all rosters through the Little League Data Center. Call Regional Headquarters for more information.

THIS FORM MAY BE DUPLICATED

NAME OF PLAYER (FIRST) (LAST)		STREET ADDRESS	CITY, STATE ZIP	Please Check:	BIRTH DATE / /	PARENT NAME (FIRST) (LAST)	PARENT EMAIL	PARENT PHONE #
1				M <input type="checkbox"/> F <input type="checkbox"/>				
2				M <input type="checkbox"/> F <input type="checkbox"/>				
3				M <input type="checkbox"/> F <input type="checkbox"/>				
4				M <input type="checkbox"/> F <input type="checkbox"/>				
5				M <input type="checkbox"/> F <input type="checkbox"/>				
6				M <input type="checkbox"/> F <input type="checkbox"/>				
7				M <input type="checkbox"/> F <input type="checkbox"/>				
8				M <input type="checkbox"/> F <input type="checkbox"/>				
9				M <input type="checkbox"/> F <input type="checkbox"/>				
10				M <input type="checkbox"/> F <input type="checkbox"/>				
11				M <input type="checkbox"/> F <input type="checkbox"/>				
12				M <input type="checkbox"/> F <input type="checkbox"/>				
13				M <input type="checkbox"/> F <input type="checkbox"/>				
14				M <input type="checkbox"/> F <input type="checkbox"/>				
15				M <input type="checkbox"/> F <input type="checkbox"/>				

Additional spaces are provided for Minor League rosters only

16				M <input type="checkbox"/> F <input type="checkbox"/>				
17				M <input type="checkbox"/> F <input type="checkbox"/>				
18				M <input type="checkbox"/> F <input type="checkbox"/>				
19				M <input type="checkbox"/> F <input type="checkbox"/>				
20				M <input type="checkbox"/> F <input type="checkbox"/>				

MANAGER AND COACHES	STREET ADDRESS	CITY AND STATE	ZIP CODE	EMAIL

Little League does not limit participation in its activities on the basis of disability, race, creed, color, national origin, sexual preference, gender or religious preference



TEAM NAME _____

Signed _____ Date _____