



North Kansas City Baseball League

Machine Pitch State Tournament Team Check-in Form

Age Level : 7AAA 7AA 8AAA 8AA (Circle On)

Team Name: _____

Managers Name: _____

Managers Contact Cell # _____

Managers Email address: _____

Alternate Contact Name: _____

Alternate Contact Cell# _____

USSSA Sanction Number: _____

Please have the following items with you at all times so in the event that you are challenged by another team you can show to the umpire, park supervisor, opposing coach and / or the tournament director.

Birth Certificates for each player on your team.

Approved USSSA roster

Approved Player add form (if applicable). Players added to your roster for this State tournament MUST be approved by the USSSA Missouri State Director.

