St. Cloud Blue Sox Bash June 22 & 23, 2024

Roster Form

Please complete the form below and bring it to the Tournament check-in at least one hour before the start of your first game. During check-in, you will be required to show copies of valid birth certificates of each rostered player along with the completed roster list. Any player not on this list will be ruled ineligible and may cause forfeiture of games(s) played.

Age/	<u> </u>	<u> Circle one)</u>					
9AA	9AAA		13A	13AA	13AAA		
10A	10AA	10AAA	14A	14AA	14AAA		
11A	11AA	11AAA	15A	15AA	15AAA		
12A	12AA	12AAA	16 OI	PEN			
Team	Name:						
Coac	h Inforn	nation:					
Hea	d Coach	cell#					
Assi	stant Co	oach cell #					

Player Information:

	Player Name	Jersey Number	Birthdate
1			
2			
3			
4			
5			
6			
7			
8			
9			
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11			
12			
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15			
16			
17			
18			