

**Town & Country League Annual State Tournament Official Team Roster**

Please Type or Hand Print in Ink

Team Name: \_\_\_\_\_ Division: \_\_\_\_\_  
 League: \_\_\_\_\_ Mail Address: \_\_\_\_\_  
 League President: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Head Coach: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Assistant: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Assistant: \_\_\_\_\_ Phone #: \_\_\_\_\_

League Size (# of players): \_\_\_\_\_ (Majors) 12-&-under \_\_\_\_\_ (Junior) 10-&-under \_\_\_\_\_ (Minors) 8-&-under

Player Name	League Age (as of 4/30)	Birthday M/D/YR	Home Address	City	Home Phone	League Played in
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						
13)						

SAMPLE

"I hereby verify that the players listed above have participated in at least half of a team's regular season games within our league." x \_\_\_\_\_ by League President

"I have verified the birthdates of the players listed above and have found them to be within the age group indicated above." x \_\_\_\_\_ District Tournament Director's signature

**District Tournament Director:** Verify ages w/ initials at right & retain "white" copy. Upon completion of District, mail to:  
**Town & Country Youth League - c/o: Nelson Smith, Commissioner - P.O. Box 75 - Delphi, IN 49623**

**Team Coach:** Retain yellow & pink copies for later rounds ♦ Tournament Directors, mail to address above at end of your round  
 "Yellow" copy to be presented to Semi-State Tournament Director • "Pink" copy to be presented to State Tournament Director

**The above information has been examined by me, as coach and is correct as printed.**

Date: \_\_\_\_\_ Signed - Coach x \_\_\_\_\_