

Town & Country League Annual Softball 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 #: _____

	Player Name	League Age (as of Jan 1)	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)							

"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."

District Tournament
x _____ Director's signature

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 a copy for later rounds (if needed) — Tournament Directors, mail to address above at end of your round

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

Date: _____

Signed - Coach x _____