## Town & Country League Annual StateTournament Official Team Roster

Team Name:			Division (age):		
League:			Mail Address:		
League President:			Phone #:		
Head Coach:			Phone #:		
Asst. Coach:			Phone #:		
Player Name	League Age (as of 4/30)	Birthday (month/day/yr)	Home Address	City	League Played in
			only a maximum of 13 are allo	wed on active gam	e-day lineup
"I hereby verify that the play least half of a team's regula			at <u>x</u>		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					by District Tourn- ament Director
District Tourname			right & retain 'white' copy. Upo		strict, mail to:
	ellow & pink cop	pies for later rounds	gue - P.O. Box 75 - Delphi, IN 4 Tournament Directors: mail to ector • 'Pink' copy to be present	address above at e	
atement of Non-liability: All teams					

incurred from attending, participating in or in transit to the tournament.

The above information has been examined by me, as coach and is correct & agreed to as completed.

Date:

\_\_\_\_\_ Signed - Coach x\_\_\_\_\_