



TEAM ROSTER AND DATA

manager name _____ manager mailing address _____ city, state and zip code _____ home phone _____ <input type="checkbox"/> office phone _____ <input type="checkbox"/> cell phone _____ <input type="checkbox"/> email address _____ <input type="checkbox"/> coach name _____ home phone _____ <input type="checkbox"/> office phone _____ <input type="checkbox"/> cell phone _____ <input type="checkbox"/> email address _____ <input type="checkbox"/>	league and team name _____ team sponsor _____ season _____ coach name _____ home phone _____ <input type="checkbox"/> office phone _____ <input type="checkbox"/> cell phone _____ <input type="checkbox"/> email address _____ <input type="checkbox"/> coach name _____ home phone _____ <input type="checkbox"/> office phone _____ <input type="checkbox"/> cell phone _____ <input type="checkbox"/> email address _____ <input type="checkbox"/>
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Please check box(es) for phone number(s) and/or email address to be included on NSYBA website.

birth certificate? _____
 league age _____
 birth date _____

player name	address (include city and zip code)	phone number(s)	birth date	league age	birth certificate?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					