

2025 Tournament Roster

TEAM NAME: _____

AGE DIVISION: _____

Please Circle One: Softball or Baseball

This must be turned in before your first game!
NO roster additions will be allowed after the first game!

PRINT PLAYER NAME	PLAYER JERSEY #:	DATE OF BIRTH
1.		/ /
2.		/ /
3.		/ /
4.		/ /
5.		/ /
6.		/ /
7.		/ /
8.		/ /
9.		/ /
10.		/ /
11.		/ /
12.		/ /
13.		/ /
14.		/ /
15.		/ /

HEAD COACH'S NAME:	HEAD COACH'S PHONE NUMBER:
1.	