AABC ROSTER SHEET

TEAM NAME _____ **LEAGUE** _____

DIVISION (age group) _____ **LOCATION** _____

Type in numerical order; place an "X" next to your League pickups, "B" next to your State pickups.

NAME (Last , First, Mi)	NO.	ADDRESS (include apt #)	CITY	STATE	ZIP	BIRTHDATE	TELEPHONE NO.
*							
*							

*** Stan Musial**

Type original and make four (4) copies.
Attach original and three (3) copies to
AABC LEAGUE AND TEAM REGISTRATION, in the
same order as listed on the AABC REGISTRATION
Keep one copy for the League's records.

Manager's Name _____
Address _____
City _____
Phone _____ **Other** _____
First Asst. _____
Phone _____ **Other** _____