Memorial Day All-Star Tournament
Team Roster

League: _____ Team Name _____

Age Division: _____ Specify: ☐ Gold ☐ Silver

Manager's Name: _____ Contact #: _____

Email: _____

Coach's Name: _____ Contact #: _____

Email: _____

Player's Name	Jersey #	** Birth Date Month/Day/Year	Parent's Signature	Checked By

**** ALL Birth Certificates with a picture and/or Current Year ASA Cards will be checked upon registration of team.**

Manager's Signature: _____ Date _____