



ALL STAR TOURNAMENT ROSTER FORM

Team Name: _____

Organization: _____

Manager: _____

Coach: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Coach: _____

Scorekeeper: _____

Address: _____

Phone: _____

PLAYER NAME

AGE

DATE OF BIRTH

NUMBER

<u>1</u>			
<u>2</u>			
<u>3</u>			
<u>4</u>			
<u>5</u>			
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<u>9</u>			
<u>10</u>			
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<u>12</u>			
<u>13</u>			
<u>14</u>			
<u>15</u>			
<u>Bat Person</u>			