

# Little League® Baseball & Softball - Team Roster

League Identification Number \_\_\_\_\_

League President \_\_\_\_\_

League Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PLEASE CHECK LEVEL OF PLAY**

- |  |   |
|--|---|
| <input type="checkbox"/> Baseball      | <input type="checkbox"/> Girls Softball |
| <input type="checkbox"/> Tee Ball      | <input type="checkbox"/> Boys Softball  |
| <input type="checkbox"/> Minor League  | <input type="checkbox"/> Senior League  |
| <input type="checkbox"/> Little League | <input type="checkbox"/> Big League     |
| <input type="checkbox"/> Junior League | <input type="checkbox"/> Challenger     |

**PLEASE TYPE OR PRINT ALL INFORMATION**

Send to Little League International, Williamsport, Pennsylvania, by June 7, 2008.

NOTE: Instead of mailing rosters, the League President may send all rosters through the Little League Data Center. Call Regional Headquarters for more information.

THIS FORM MAY BE DUPLICATED

NAME OF PLAYER (FIRST) (LAST)		STREET ADDRESS	CITY, STATE ZIP	Please Circle:	BIRTHDATE		
					Mo.	Date	Year
1				M/F			
2				M/F			
3				M/F			
4				M/F			
5				M/F			
6				M/F			
7				M/F			
8				M/F			
9				M/F			
10				M/F			
11				M/F			
12				M/F			
13				M/F			
14				M/F			
15				M/F			
Additional spaces are provided for Minor League rosters only							
16				M/F			
17				M/F			
18				M/F			
19				M/F			
20				M/F			
MANAGER AND COACHES	STREET ADDRESS		CITY AND STATE	ZIPCODE			

Little League does not limit participation in its activities on the basis of disability, race, creed, color, national origin, sexual preference, gender or religious preference

**TEAM NAME** \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

