Please print!

Tri-County Baseball
Official Roster/Master List

Year:_____

By signing this roster, I hereby certify that my child's information is correct. I also understand that it is my responsibility to provide poof of child's age and name if requested.

Players' Name	Address	City	Zip Code	Birth Date	Parent/Guardians Name	Child Age	Phone#

Coach's Name _____ Coach's Signature _____ Date _____

Coach's Phone# _____

Town Representative Name _____ Town Representative Signature _____

Tri-Country Representative Signature _____ Age group _____

Date Received _____ Color of uniforms _____ Team# _____