

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

PLEASE TYPE OR PRINT ALL INFORMATION

Send to Little League Baseball, Williamsport, Pennsylvania, within fourteen (14) days after the first scheduled game.
 NOTE: Instead of mailing rosters, the League President may send all rosters on a computer disk. Call Regional Headquarters for more information.

THIS FORM MAY BE DUPLICATED

NAME OF PLAYER		STREET ADDRESS	CITY, STATE ZIP	Please Circle:	BIRTHDATE		
(FIRST)	(LAST)				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			
<i>Additional spaces are provided for Minor League rosters only</i>							
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 Baseball 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 _____