

# DISTRICT 39 ROSTER FORM

TEAM NAME \_\_\_\_\_ AGE DIVISION \_\_\_\_\_ YEAR \_\_\_\_\_

NO.	PRINT OR TYPE THE PLAYER'S NAME	BONAFIDE RESIDENCE (Give Street Address, City, Zip Code)	SCHOOL DISTRICT	DATE OF BIRTH	GUARDIAN'S SIGNATURE	PLAYING AGE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

I certify that the above roster is correct and that all members are eligible to play in the ASA League listed below.

NAME OF LEAGUE \_\_\_\_\_ MANAGER'S NAME (Print) \_\_\_\_\_ SIGNATURE OF MANAGER \_\_\_\_\_

LEAGUE PRESIDENT'S SIGNATURE \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ MANAGER'S TELEPHONE NO. \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

DATE SIGNED BY PRESIDENT \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ SIGNATURE OF COMMISSIONER VERIFIES ELIGIBILITY \_\_\_\_\_