



MICHIGAN AABC OFFICIAL ROSTER



AGE DIVISION _____

AABC ROSTER SHEET (Place an X before the "extra" players Names that are added for tournament play.)

	Player's Name	E-MAIL ADDRESS	Date of Birth	Number	PHONE NUMBER	Player's Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21 *						
22 *						
23 **						
24 **						

* Connie Mack only
** Stan Musial only

NAME of TEAM:	_____
NAME of LEAGUE:	_____
RECORD FOR YEAR	WON _____ LOST _____
TEAM MANAGER'S NAME:	_____
ADDRESS (City/St./Zip):	_____
MANAGER'S PHONE:	_____
MANAGER'S EMAIL:	_____

Coach:	_____
Address:	_____
City/St/Zip:	_____
email:	_____
Coach:	_____
Address:	_____
City/St/Zip:	_____
email:	_____

THIS FORM MUST BE COMPLETED IN FULL AND TYPED DATE: _____

This Roster should be downloaded and completed. It is savable and can be stored on your computer, see the Michigan AABC web site for additional directions.

Certifying League Official Sign Here _____