

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