

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						
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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 BY PRESIDENT	CITY	ZIP CODE
		SIGNATURE OF COMMISSIONER VERIFIES ELIGIBILITY