

AMERICAN LEGION YOUTH BASEBALL 2025 FALL BASEBALL TRAVEL DIVISION

TEAM ROSTER APPROVAL FORM

	PLAYER NAME	BIRTH DATE
1		
2		
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11		

Team Name: _____

Manager: _____

Manager's Contact Phone No.: _____

Manager's Contact Email: _____

Assistant Coach: _____

Assistant Coach: _____

Manager Signature: _____

* By affixing my signature to this form, I declare that all of the information above is verified and correct.