Moon Township Little League Baseball, Inc.
Tournament Team

Year _____

Color of Shirt _____ Team Name _____

Type of Shirt _____ Age _____

Color of Pants _____ Mgr. _____

Color of Socks _____ Phone _____

Jersey Number	Name of Player	Phone Number	Shirt Size	Pant Size	Hat Size	Comments

Special Instructions: _____

_____

_____

**** To be returned to the Equipment Commissioner no later than 2 weeks before the first game!***