



2020 Connecticut State Little League Official Tournament Roster

League Name: _____

	Name	Qualifying Address	Birthday (D/M/Y)	League Age	II(d) IV(h)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

NOTE: Roster Slots 15 and 16 are Senior League ONLY

	Name	Cell Phone Number
Manager		
Coach		
Coach		

By my signature below, I certify that all the information contained on this Tournament Roster is true and correct, to the best of my knowledge. I have read and understand: 1) all of the Little League Rules and Regulations pertaining to eligibility; 2) I am solely responsible for the eligibility of pitchers and players on my team; 3) if an ineligible pitcher or player participates in a game for any reason, it may result in forfeiture, and/or removal of participants, including players, manager and coaches, or the entire team named herein, from the State Tournament; 4) I may lodge a protest in accordance with the Tournament Rules and Guidelines, and that my team is not required to continue playing until such protest has been resolved by the Tournament Director / District Administrator on site, the decision of which shall be final and binding; and 5) I am solely responsible for the behavior of my team, the supporters, and fans. I further certify that I am fully eligible to be the manager of this tournament team, and the coaches named on this Affidavit are also eligible in accordance with Little League Rules and Regulations.

Signature of Manager: _____

Date: _____

Signature of League President: _____

Date: _____

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Bench Coordinators

Use the spaces below to name Bench Coordinators responsible for Social Distancing of players outside the dugout area. Only one may be used per game and placement of names on this list is certification that these individual(s) have been properly background screened by the league via a Little League Volunteer Application and the league president or their representative has conducted a background check in accordance with Little League Regulations and Connecticut State laws.

Name	
1	
2	
3	
4	
5	

Player Replacement

The spaces below are for permanent replacement of players. Such replacements must have a corresponding removal of a player on page one of this form in a HEAVY black line. Once a player on the original roster is replaced, they are no longer eligible to play for the duration of the 2020 Tournament.

	Name	Qualifying Address	Birthday (D/M/Y)	League Age	II(d) IV(h)
1					
2					
3					
4					
5					

Manager/Coach Replacement

Temporary replacement of a manager or coach must be entered each time an individual serves as a temporary manager or coach. After the first time an individual serves as temporary replacement for a manager or coach at any level of tournament play, that individual cannot be used again in the tournament until a Little League Volunteer Application is completed and the league president or their representative conducts a background check in accordance with Little League Regulations and Connecticut State laws. When a manager or coach is permanently replaced, his/her original space on page one shall be marked with a HEAVY black line. Once a manager or coach on the original affidavit is replaced, he/she cannot return to manage or coach the team, even in a temporary capacity.

	Mgr / Coach	Temp / Perm	Name	Cell Phone Number (Permanent Replacements Only)
1	M / C	T / P		
2	M / C	T / P		
3	M / C	T / P		
4	M / C	T / P		
5	M / C	T / P		

