



# NBC "HAP" DUMONT YOUTH BASEBALL TEAM ROSTER

- 8 & Under
- 9 & Under
- 10 & Under
- 11 & Under
- 12 & Under
- 13 & Under
- 14 & Under
- 15 & Under
- 16 & Under
- 17 & Under
- 18 & Under

NAME OF LEAGUE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TEAM NAME \_\_\_\_\_ DIVISION NAME \_\_\_\_\_

PLAYER'S NAME	AGE	DATE OF BIRTH	NAME OF LEAGUE TEAM (tournament roster only)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____
16. _____	_____	_____	_____
17. _____	_____	_____	_____
18. _____	_____	_____	_____
19. _____	_____	_____	_____
20. _____	_____	_____	_____

NOTE: AGE 15, 16, 17 AND 18 & UNDER ONLY

MANAGER \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ E-mail \_\_\_\_\_

COACH \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 COACH \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

TEAM INSURANCE CO. \_\_\_\_\_ POLICY NO. \_\_\_\_\_

This is to certify that the above information is true and correct pursuant of rules III and IV.  
 Either the President and/or Secretary must sign.

LEAGUE SECRETARY \_\_\_\_\_ DATE \_\_\_\_\_ LEAGUE PRESIDENT \_\_\_\_\_ DATE \_\_\_\_\_