CVBA

Year Spring 2017

Baseball - Team Roster

Division:
(Based on oldest Player) _____

Team Name:
(Must have for Scheduling) _____

Head Coach:
E-Mail Address _____

	Name	Address	Home	Cell	NYSCA
Head Coach					
Asst Coach					
Asst Coach					
Asst Coach T-Ball & CP					

	Name	DOB	AGE on 1-Jan	Phone	Parents Name	Fee Paid	B/C	Reg Form
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