



Official Team Roster - For the Year _____

For online rosters go to: www.baberuthleague.org/rosters.html

Roster Due Date:
Before League's
First Scheduled
Game

Softball 18U

League _____ State _____ Team _____ Division _____

Players:	NAME	STREET ADDRESS	CITY	ZIP CODE	AGE	DATE OF BIRTH	EMAIL ADDRESS
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							

Manager:	NAME	STREET ADDRESS	CITY	ZIP CODE	BIRTHDATE MM/DD/YY	TELEPHONE #	EMAIL ADDRESS
						()	
Coaches:						()	
						()	

Bat Boy: _____

Distribute as follows: Two Copies to be sent to Babe Ruth Headquarters (Trenton). One Copy to be sent to State Commissioner. One Copy to be sent to District Commissioner. Retain One Copy for your league records.	Accident Insurance Company _____ Policy No. _____ Liability Insurance Company _____ Policy No. _____ Note: Attach certificates of coverages if other than Babe Ruth League insurance are used.
	This is to certify that all of the above information is true and correct. Birth Documents, as listed in Rule 0.04, will be presented to District, State, and Regional Commissioners or Headquarters upon request. League President's Signature: _____