

USSSA ALL-STAR ROSTER

Name of League	Team Name

Age Group (Circle One) 6U 8U(Coach Pitch) 8U(Player Pitch) 10U 12U 14U 16/18U

Player's Name	Street Address	City	State	ZIP	Date of Birth	Parent / Guardian Signature	Relationship
[1]							
[2]							
[3]							
[4]							
[5]							
[6]							
[7]							
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[14]							
[15]							
[16]							

MANAGER / COACHES	Street Address	City	State	ZIP	Home Phone	Email address	Other Phone
[1]							
[2]							
[3]							

*Please provide a COPY of the players' birth certificates.

League President or Officer _____ **Date** _____
 By signing this I am confirming that the information on this form is true and correct, to the best of my knowledge.