## St. Cloud Blue Sox Bash June 20 - 22, 2025

## **Roster Form**

Please complete the form below and bring it to the Tournament check-in at least one hour before the start of your first game. During check-in, you will be required to show copies of valid birth certificates of each rostered player along with the completed roster list. Any player not on this list will be ruled ineligible and may cause forfeiture of games(s) played.

Age/	Level: (C	<u>Circle one)</u>					
9AA	9AAA		13A	<b>13AA</b>	<b>13AAA</b>		
<b>10A</b>	<b>10AA</b>	10AAA	14A	<b>14AA</b>	<b>14AAA</b>		
<b>11A</b>	<b>11AA</b>	11AAA	15A	<b>15AA</b>	<b>15AAA</b>		
12A	12AA	12AAA	16 OF	PEN			
Team	Name:						
Coac	h Inforn	nation:					
Hea	d Coach	cell #					
Assi	stant Co	oach cell #					

## **Player Information:**

	Player Name	Jersey Number	Birthdate
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			