

Little League Baseball Canada® - Team Roster

LEAGUE IDENTIFICATION NUMBER _____

LEAGUE PRESIDENT _____

LEAGUE NAME _____

ADDRESS _____

CITY PROV. POSTAL CODE _____

PLEASE TYPE OR PRINT ALL INFORMATION

PLEASE CHECK LEVEL OF PLAY	
<input type="checkbox"/> Baseball	<input type="checkbox"/> Softball
<input type="checkbox"/> Tee Ball	<input type="checkbox"/> Junior League
<input type="checkbox"/> Minor League	<input type="checkbox"/> Senior League
<input type="checkbox"/> Little League	<input type="checkbox"/> Big League
	<input type="checkbox"/> Challenger

MAIL ONE COPY OF ROSTER TO CANADIAN HEADQUARTERS, 235 DALE AVE. OTTAWA, ONTARIO K1G 0H6/ WITHIN 14 DAYS OF FIRST SCHEDULED GAME

NOTE: Instead of mailing rosters, the League Presidents may send all rosters on a computer disk or by email.

THIS FORM MAY DUPLICATED

	NAME OF PLAYER		STREET ADDRESS, CITY PROV., P.C.	TELEPHONE	SEX	DATE OF BIRTH			LEAGUE AGE
	(FIRST)	(LAST)				MONTH	DAY	YEAR	
1					M / F				
2					M / F				
3					M / F				
4					M / F				
5					M / F				
6					M / F				
7					M / F				
8					M / F				
9					M / F				
10					M / F				
11					M / F				
12					M / F				
13					M / F				
14					M / F				
15					M / F				
<i>Additional spaces are provided for Minor League rosters only</i>									
16					M / F				
17					M / F				
18					M / F				
19					M / F				
20					M / F				
MANAGER AND COACHES			STREET ADDRESS, CITY PROV., P.C.	TELEPHONE					
1									
2									
3									

Little League Baseball does not limit participation in its activities on the basis of disability, race, creed, color, national origin, sexual preference, gender or religious preference.



Team Name _____

SIGNED _____ DATE _____
 Print name: _____