2017 NPYL ALL-STAR SHOOTOUT TOURNAMENT OFFICIAL TEAM ROSTER

Roster Due Date: _____ ☐ **8U** ☐ **10U** ☐ **12U** ☐ **14U**

League Name/Website: _____ **League Commissioner/President Signature:** _____

Players: **Team Name:** _____

LAST NAME	FIRST NAME	STREET ADDRESS	CITY	ZIP	AGE	DATE OF BIRTH	COMMENTS
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

Manager:

LAST NAME	FIRST NAME	STREET ADDRESS	CITY	ZIP	DATE OF BIRTH	PHONE #	EMAIL

Coaches:

Accident Insurance Company: _____ **Policy No.** _____

Liability Insurance Company: _____ **Policy No.** _____

Return Completed Roster To: John Linn
NPYL All Star Shootout Tournament
P.O. Box 202
New Palestine, IN 46163

For More Information Contact: Johnlinn@npyl.com

This is to certify that all of the above information is true and correct. Birth documents will be presented to Umpire-in-Chief or Tournament Director upon request.

Manager's Signature: _____