2021 NPYL ALL-STAR SHOOTOUT TOURNAMENT OFFICIAL TEAM ROSTER Final Roster is Due Before First Game! 7U 8U 9U 10U 11U 12U League Name/Website: League Commissioner/President Signature:							
LAST NAME	FIRST NAME	STREET ADDRESS	CITY	ZIP	AGE	DATE OF BIRTH	COMMENTS
1.							
2.							
3.							
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13.							
14.							
15.							
Manager:				I	1		
LAST NAME	FIRST NAME	STREET ADDRESS	CITY	ZIP	DATE OF BIRTH	PHONE #	EMAIL
Coaches:							
- Courtes.							
Accident Insurance Compar	ny:			Policy No			
Liability Insurance Company: Policy No							
Return Completed Roster To: **This is to certify	P.O. Box 202 NPYL All Star Shootout Tourna	For More Information Contact: Keith Ba 317-903-8 ament n is true and correct. Birth documen	8863	••	hief or Touri	nament Director up	on request.**
Manager's Signature:							