

WAYZATA CLASSIC BASEBALL TOURNAMENT
 PLYMOUTH WAYZATA YOUTH BASEBALL ASSOCIATION

ROSTER FORM

Please fill out the form below and bring it to the Tournament Coordinator tables at least one-hour before the start of your first game. During check-in, you will be required to provide copies of valid birth certificates of every player to validate the roster below.

**Age/Level: (check one)**

|  |  |
| --- | --- |
| 9AA |  |
| 10AAA |  | 10AA |  |
| 11AA |  | 11A |  |
| 14AAA |  | 14AA |  |
| 15AAA |  | 15AA |  |

**Team Name:**

|  |
| --- |
|  |

**Coach Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Head Coach: |  | Mobile Phone: |  |
| Assistant Coach: |  | Mobile Phone: |  |
| Assistant Coach: |  | Mobile Phone: |  |

**Player Information:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Player Name | Jersey Number | Birth Date |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |