Y.A.S.L. 2024 OFFICIAL ROSTER			
TEAM NAME	REQU	JEST TO PLAY:	DAY
MANAGER			
ADDRESS			
E-MAIL			_
	PHONE: (H)	(W)	(C)
I WILL RECEIVE MY MAKE-UPS ON-LI	:NE	PLEASE CALL (	OR SEND MAKE-UP SCHEDULES
THE DIVISION THAT THIS TEAM PLAYED I	N LAST SEASON:		
PLAYERS NAME	ADDRESS	PHONE	PLAYERS SIGNATURE
1			
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