

Y.A.S.L. 2021 OFFICIAL ROSTER

TEAM NAME _____	REQUEST TO PLAY :	DAY _____
MANAGER _____		_____
ADDRESS _____		_____
E-MAIL _____		_____
	PHONE: (H)	(W) (C)

<input type="checkbox"/> I WILL RECEIVE MY MAKE-UPS ON-LINE	<input type="checkbox"/> PLEASE CALL OR SEND MAKE-UP SCHEDULES
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THE DIVISION THAT THIS TEAM PLAYED IN LAST SEASON:

	PLAYERS NAME	ADDRESS	PHONE	PLAYERS SIGNATURE
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