

TEAM NAME		LEAGUE			Fort Bend Baseball League			DIVISION:	
	PLAYER NAME	#	T/B	D.O.B.	ADDRESS	CITY	ZIP	CL	Notes
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								999-999-9999	email

LIST BY UNIFORM NUMBER

Date: \_\_\_\_\_

I CERTIFY THE NAMES AND ALL INFORMATION TO BE TRUE

TEAM MANAGER - SIGNATURE	LEAGUE DIRECTOR- SIGNATURE

**TYPE OR PRINT ONLY**