

2023 TOURNAMENT OF CHAMPIONS INVITATIONAL TEAM ROSTER

LEAGUE ID: _____ **LEAGUE and TEAM NAME:** _____

SELECT ONE: **BASEBALL** **SOFTBALL**

SELECT ONE: **MINOR** **MAJOR** **INTERMEDIATE** **JUNIOR** **SENIOR**

NAME	STREET ADDRESS	CITY, STATE, ZIP	<u>BIRTHDATE</u> MO/DAY/YEAR

MANAGERS / COACHES	<u>REG. SEASON</u> TEAM NAME & LEVEL OF PLAY	STREET / CITY/ STATE	ZIP

DATE: _____ **PRESIDENT’S SIGNATURE:** _____

Revision Date: 4/29/2023