(OK KIDS ASSOCIATION)
TEAM ROSTER

(PLEASE PRINT OR TYPE)

Classification:

PW = Pee Wee
MIDG = Midgets
PR = Preps
MIN = Minors

LEAGUE NAME: **Washita Canadian Valley League**

TEAM NAME: _____

MANAGER NAME: _____

STREET ADDRESS OR P.O. BOX: _____

CITY, STATE, ZIP CODE _____

PHONE #: _____

NAME OF PLAYER	DATE OF BIRTH Month/Day/Year	HOME ADDRESS	CLASS (Ex. PW)

NOT MORE than 18 PLAYERS are eligible on any ONE TEAM at any one time.

I _____ hereby certify that all of the above information is true and correct.

Manager/Coach

_____

Signature