



**2010 SAND SPRINGS YOUTH BASEBALL
OFFICIAL BASEBALL TEAM ROSTER**

TEAM: _____ MANAGER'S NAME: _____

**WEE BALL TEAMS ONLY
ALL OTHER AGES NEED TO HAVE AN ONLINE ROSTER AT SSYOUTHBASEBALL.COM**

PLAYER NAME (please print)	DOB	PARENT/GUARDIAN NAME (Print)	PARENT/GUARDIAN SIGNATURE	RELATIONSHIP
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

TEAM MANAGER'S AFFIDAVIT - I, the manager of the above team, do hereby state that all of the information supplied above is correct to the best of my knowledge and that all parents or guardians signed the above in their own handwriting. I further agree that each player is eligible to compete with my team in the Sand Springs Little League Baseball Program in accordance with the Rules set forth by the SAND SPRINGS LITTLE LEAGUE BASEBALL COMMISSION.

MANAGERS SIGNATURE _____ DATE _____

MANAGER'S MAILING ADDRESS _____