



2012 SPRING SEASON TEAM ROSTER (all Age Groups)

Please type

TEAM NAME: _____	DIVISION (Check One): Premier _____	BOYS GIRLS	AGE GROUP U- _____
COACH: _____	E-mail Address: _____	First _____	
Address: _____	City/State/Zip: _____		
Phone (home/work/cell): _____			
MANAGER: _____	E-mail Address: _____		
Address: _____	City/State/Zip: _____		
Phone (home/work/cell): _____			
COLORS Jersey: _____	Shorts: _____	Socks: _____	Alternate Jersey: _____

List Players in Alphabetical Order by Last Name First

No.	LAST NAME	FIRST NAME	REGISTRATION NUMBER	No.	BIRTHDATE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.
I HAVE READ THE RULES AND POLICIES OF THE MRL AND AGREE TO ABIDE BY THEM.

Signature of Team Coach or Manager	Print Name	Date
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STATE ASSOCIATION APPROVAL

Signature of Authorized State Association Official	Print Name and Title	Date
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Roster must be filed with the MRL as per MRL Rules.

10/20/2011

MIDWEST REGIONAL LEAGUE
6612 Debbie Drive---North Ridgeville OH 44039

Fax Number: 440-353-1799
Email: MRL Commissioner@Region2.com