



ALL-STAR PLAYER ROSTER

All information is to be typed or computer generated. Complete this form for each division competing. Send original to Corporation and a copy to the Host League for publication in the program. FAX Number: (361) 242-1906. **MUST BE RECEIVED BY THE DATE ANNOUNCED BY THE CORPORATION.** Alternates, if any, must be designated. This is the official tournament roster and cannot be altered unless approved by the Tournament Committee.

LEAGUE: _____

DIVISION: _____

LEAGUE COLORS: _____

LEAGUE PRESIDENT: _____

LEAGUE PRESIDENT PHONE: () - or () -

	PLAYER NAME	NUMBER (Required)
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____

	ALTERNATES	NUMBER (Required)
1	_____	_____
2	_____	_____
3	_____	_____

	COACHES	PHONE (Cell if available)
1	_____	() -
2	_____	() -
3	_____	() -