

2019 SEDALIA PARKS & RECREATION 10U/12U BASEBALL ROSTER FORM

TEAM NAME: _____ Head Coach: _____ 10U or 12U: _____

Address: _____ MO _____

Phone: (C) _____ Street _____ City _____ Zip _____
 (H) _____ Email: _____

Name	Players Birthdate	Street Address (Optional)	City, State, Zip (Optional)	Parent Contact Info. (MANDATORY)
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Manager's Signature: _____

Date: _____

League Fee \$: _____