

2009 NCSSA Roster Team Name: _____ Age Group _____ Team Zip Code _____

Refer to 2009 Roster Instruction Sheet

Approved: _____

Manager: _____
Address: _____
City, State, Zip: _____
Team E-mail: _____
Contact Phone: _____

Alternate: _____
Address: _____
City, State, Zip: _____
Email: _____
Contact Phone: _____

	LAST NAME	FIRST NAME	STREET ADDRESS	CITY	STATE	ZIP	BIRTHDATE	AGE
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Please add the following players. Line-out above any players to be removed from your roster.

	LAST NAME	FIRST NAME	STREET ADDRESS	CITY	STATE	ZIP	BIRTHDATE	AGE