



2024 NPYL ALL-STAR SHOOTOUT TOURNAMENT OFFICIAL TEAM ROSTER

Final Roster is Due Before First Game!

7U ☐

8U ☐

9U ☐

10U ☐

11U ☐

12U ☐

League Name/Website: _____

League Commissioner/President Signature: _____

Players:

Team Name: _____

LAST NAME	FIRST NAME	STREET ADDRESS	CITY	ZIP	AGE	DATE OF BIRTH	COMMENTS
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

Manager:

LAST NAME	FIRST NAME	EMAIL	PHONE #

Coaches:

Accident Insurance Company: _____

Policy No. _____

Liability Insurance Company: _____

Policy No. _____

Return Completed Roster To: NPYL

For More Information Contact: Keith Bartusek, Keithbartusek@npyl.com 317-903-8863

NPYL All Star Shootout Tournament

This is to certify that all of the above information is true and correct. Birth documents to be available to be presented upon request.

Manager's Signature: _____