

# LFYAA Team Roster

<http://www.LFYAA.org>

**SPORT:** \_\_\_\_\_ **LEAGUE/AGE GROUP:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TEAM NAME:** \_\_\_\_\_ **MANAGER'S NAME:** \_\_\_\_\_

(Please Print)

This Team Roster Form **MUST** be completed and returned to your League Vice-President at least two (2) weeks prior to Opening Day. Whenever a new player is added to your team, this form **MUST** again be completed and returned to your League Vice-President.

**PLAYER NAME & PHONE NUMBER:** (Please Print)

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**IF MORE PLAYERS, PLEASE ADD TO BACK OF THIS FORM.**