

Y.A.S.L. 2025 OFFICIAL ROSTER				
TEAM NAME _____		REQUEST TO PLAY :		DAY _____
MANAGER _____		_____		
ADDRESS _____		_____		
E-MAIL _____		_____		
		PHONE: (H) _____	(W) _____	(C) _____
<input type="checkbox"/>	I WILL RECEIVE MY MAKE-UPS ON-LINE		<input type="checkbox"/>	PLEASE CALL OR SEND MAKE-UP SCHEDULES
THE DIVISION THAT THIS TEAM PLAYED IN LAST SEASON:				
	PLAYERS NAME	ADDRESS	PHONE	PLAYERS SIGNATURE
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