

VIRGINIA USSSA TEAM ROSTER

DATE: _____

TEAM NAME: _____ TEAM ID #: (if known) _____

TEAM IS FROM: _____ (City) _____ (State) CLASSIFICATION: _____

PLEASE PRINT INFORMATION LEGIBLE.

mm/dd/yy			mm/dd/yy			mm/dd/yy		
Type or Print Full Name	State	Birth Date	Type or Print Full Name	State	Birth Date	Type or Print Full Name	State	Birth Date
1			8			15		
2			9			16		
3			10			17		
4			11			18		
5			12			19		
6			13			20		
7			14					

MANAGER'S NAME: _____

MANAGER'S MAILING ADDRESS: (Street Address) _____
 (City / State / Zip) _____

MANAGER'S HOME TELEPHONE NUMBER: (Include Area Code) _____

EMAIL ADDRESS: _____