

PREMIER PROGRAM REGISTRATION & ROSTER SHEET

Team Name: _____ City / Prov: _____ Date Form Completed: _____ Event: _____

PLEASE PRINT CLEARLY

Uniform No.	Last Name	First Name	Street	City & Province	Postal Code	Phone #	Age	DOB (MM/DD/YY)	Present Grade	Graduation Date	Bat	Throw	Pos	Hght	Wght
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Manager:									NCCP LEVELS:		NOTES:				
Coaches:															
Team Contact:						Tel:				Fax:					