# SYBA TEAM ROSTER

(PLEASE PRINT OR TYPE)

TEAM NAME: _____

MANAGER NAME: _____

STREET ADDRESS OR PO BOX: _____

CITY, STATE, ZIP CODE: _____

HOME PHONE: _____

WORK PHONE: _____

| NAME OF PLAYER | DATE OF BIRTH month/day/year | HOME ADDRESS | TEAM AGE & CLASSIFICATION (EX. 11AA) |
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I, _____ hereby certify that all the above information is true and correct.

Manager/Coach

_____

Signature

Mail form to:
SYBA
PO Box 2502
Stillwater OK 74076