Plymouth Panther Classic Baseball Tournament

Plymouth, WI

TEAM ROSTER REGISRATION FORM

Team Name:	Age Group: 11U 12U 13U 14U	
Coach:	Email:	
Address:	Phone:	
City:	State:	Zip:

- Roster changes are permitted up to 30 minutes before your team's first game.
- Coach must provide proof of age upon request. April 30 is the birth date cut-off.
- Payment must be made to PYAA to guarantee spot in tournament
- Roster registration forms can be e-mailed to Joe Kiekhoefer jkiekhoefer@glacier-gts.com or given to the concession stand 30 minutes prior to first game.

	Name	Age	Birth Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Liability Statement: As coach of the _____ baseball team, please accept the above team into your tournament. The birth dates provided are correct and I agree to abide by the rules of the tournament. The above team has appropriate and adequate insurance and I release the Plymouth PYAA of any liability during/to or from this tournament.

Coaches Signature: _____ Date: _____