**Bill Sturm Memorial Tournament**

**June 27-30, 2024 ◆ Team Roster**

|  |  |  |  |
| --- | --- | --- | --- |
| **Team Summary** | | | |
| Baseball | Age Group | | 🞏 07U 🞏 08U 🞏 09U 🞏 10U 🞏 11U 🞏 12U 🞏 13U 🞏 14U | |
| Softball | Age Group | | 🞏 08U 🞏 10U 🞏 12U 🞏 14U | |
| Team Name | |  | |
| Head Coach | |  | |
| Head Coach Phone | |  | |
| Head Coach Email | |  | |
| **Team Roster** | | | |
| **Player #** | | **Player Name** | **DOB** |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
| **Confirmation of Accuracy** | | | |
| Summary | I confirm all information provided pertaining to my team roster is accurate and truthful. | | |
| Coach Signature |  | | |
| Date |  | | |
| **Team must submit this form electronically before participating in any tournament games.** | | | |