

2017 - Youth T-Ball/Baseball/Softball Team Roster

Age Group: _____ Division: _____ Activity #: _____

Do you want HRMD to add players to your team? ___Yes ___No How Many? _____

All players must be added to roster & fees paid for by April 3 to guarantee placement on your team

Team Name: _____ (not guaranteed)

Player's Name

1

2

3

4

5

6

7

8

9

10

**10 is the recommended maximum # of players for all T-Ball teams*

11

12

13

**13 is the recommended maximum # of players for all BB/SB teams*

HEAD COACH: _____

Email: _____

Preferred contact #: _____

ASST. COACH: _____

Email: _____

Preferred contact #: _____