

Cooperstown All Star Village Team Roster Form



Team Name: _____

Week Attending CASV: _____

PLEASE PRINT CLEARLY

	Players Name:	D.O.B		Parental Contact:	Phone #:	Email Address:
1		/ /				
2		/ /				
3		/ /				
4		/ /				
5		/ /				
6		/ /				
7		/ /				
8		/ /				
9		/ /				
10		/ /				
11		/ /				
12		/ /				
13		/ /				
	Coaches Name:			Coaches Name:		
1				4		
2				5		
3				6		