

Cooperstown All Star Village Team Roster Form



Team Name: _____

Week Attending CASV: _____

	Players Name:	D.O.B	Parental Contact:	Phone #:	Email Address:
1		/ /			
2		/ /			
3		/ /			
4		/ /			
5		/ /			
6		/ /			
7		/ /			
8		/ /			
9		/ /			
11		/ /			
12		/ /			
13		/ /			
14		/ /			

	Coaches Name:
1	
2	
3	

	Coaches Name:
4	
5	
6	