

TEAM NAME				LEAGUE	Fort Bend Baseball League			DIVISION
PLAYER NAME	#	T/B	D.O.B.	ADDRESS	CITY	ZIP	CL	Notes
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LIST BY UNIFORM NUMBER

SEND ORIGINAL TO:

I CERTIFY THE NAMES AND ALL INFORMATION TO BE TRUE

TEAM MANAGER - SIGNATURE	LEAGUE PRESIDENT - SIGNATURE

**TYPE OR PRINT ONLY**