

COMPETITIVE DIVISION

2010 USSSA Gopher State Fall Baseball League Official Team Roster

Please fill in all information completely.

Mail or deliver roster and team registration form with appropriate entry fees by August 16, 2010 to:

MYAS * 4111 Central Avenue NE, Suite 208 * Columbia Heights, MN 55421

Telephone: (763) 781-2220 Fax: (763) 781-1922 Website: www.myas.org



If submitting a team of 9 or more players, with a coach, registration is \$80/player.

Team Name: _____ Age Level for 2011: _____
(Age determining date is May 1, 2011)

Player's Full Name	Address	City	Zip Code	Date of Birth
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				



Please fill out the Coaches' Information page when submitting a complete team.

If you are submitting a small group please submit a contact number for group representative.



COMPETITIVE DIVISION COACHES' INFORMATION PAGE

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Team Name: _____ Age Level for 2011: _____

Head Coach: _____

Address: _____

City: _____ State: _____ Zip: _____

H Phone: (____) _____ W Phone: (____) _____

Cell: (____) _____ E-Mail: _____

Asst. Coach: _____

Address: _____

City: _____ State: _____ Zip: _____

H Phone: (____) _____ W Phone: (____) _____

Cell: (____) _____ E-Mail: _____

Asst. Coach: _____

Address: _____

City: _____ State: _____ Zip: _____

H Phone: (____) _____ W Phone: (____) _____

Cell: (____) _____ E-Mail: _____

Home Field Information

Field Name: _____

Address: _____

Weeks Available: 9/12 9/19 9/26
(Circle all that apply) 10/3 10/10

