USSSA World Championship Roster Sheet

REGISTRATION NUMBER	
TEAM NAME -- LOCATION	
MANAGER NAME / PHONE ADDRESS	
CLASS	
DATE FROZEN	

Roster Sheet must be finalized one week prior to tournament

Player	Date of Birth	Roster Age	Uniform #	Graduation Year	High School	Bat	Throw	Height	Weight	College Committed (Y/N)	GPA	ACT	SAT	Address	City	State	Zip	Home #	Cell Phone #	Email

* Indicates player added AFTER roster freeze date.

TEAM MANAGER'S AFFIDAVIT - I, the manager of the above team, do hereby state that all of the information supplied is correct to the best of my knowledge. I further agree that each player is eligible to compete with my team in the USSSA Program in accordance with the USSSA rules governing that sport.

IMPORTANT - Each team manager shall be responsible to keep legal copies of birth certificates, etc., at all times in case of protest.

MANAGER'S SIGNATURE: _____ DATE: _____

USSSA DIRECTOR'S APPROVAL - The above team is registered with the USSSA and has qualified to participate in this event.

SIGNED: _____ DATE: _____

USSSA STATE SPORTS DIRECTOR/USSSA PROGRAM DIRECTOR