20th ANNUAL FIELD OF DREAMS TOURNAMENT
TEAM ROSTER

League_____
Division_____ Gold ❑ Silver ❑

Manager's Name_____Contact #_____
Email_____

Team Mom's Name_____Contact #_____

Players Name	Number	Date of Birth	Parents Name (print)	Parents signature

Check-in at least one hour before first game, roster and VTD cards required. Birth Certificate with picture maybe used in lieu of VTD cards (If you have not received your VTD cards) prior to your team being registered.

Managers Signature_____Date_____