



Roster Form
2022 Field of Dreams Tournament

League _____

Division _____ Gold or Silver _____

Manager's Name _____ Contact # _____

Email _____

Team Parent's Name _____ Contact # _____

Players Name	USA #	#	DOB	Parent Initial	Approved by Initial

Check-in at least one hour before first game, roster USA cards required, Birth Certificate with picture regular season card maybe used in lieu of USA photo cards.

Managers Signature _____ Date _____