Corky Russell Classic All-Star Tournament Team Roster

League: _____ Team Name: _____ Age Division: _____

Manager's Name: _____ Cell Number: _____
Email: _____

Coach's Name: _____ Cell Number: _____
Email: _____

Player Name Last, First	Jersey #	Date of Birth Month/Day/Year	Parent Signature	Checked by

**** ALL Birth Certificates, current USA Softball ID cards and insurance will be verified upon check-in of each team.**

Manager's Signature: _____ Date: _____