Pennsylvania American Legion
JUNIOR BASEBALL
Player Roster
(Type in alphabetical order)

Team Name_____

1.Name (Last-First-Middle Initial) **2. Parent's Address, City, State, Zip**	**AGE**	**BIRTHDATE (mm/dd/yy)**	**BIRTH CERT. #**	**SIGNATURE**
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JR. Player Roster Must be Typed. Only 18 Players per Team are Permitted.

∗ - Denotes 15 year old.
X - Denotes Double Roster