

Submit Roster by April 20, 2009
 FAX 757-497-7252
Challenger@va8ll.org

2009 Worldwide Challenger Jamboree Team Roster Form

Submit Roster by April 20, 2009
 FAX 757-497-7252
Challenger@va8ll.org

District # _____ League Name _____ Team Name _____ League ID# _____

City _____ State _____ Country _____

Manager _____ Address _____ Phone # _____ Email _____

Coach _____ Address _____ Phone # _____ Email _____

Coach _____ Address _____ Phone # _____ Email _____

Time Requesting To Play: Morning Afternoon Sat Sun, Special Request: _____

Safety Equipment Required- Batting Helmets, Full Catcher's equipment with dangling throat Guard on mask

	Player Name	Age	Player in Wheel-chair	Buddy Req	Buddy Name (If coming with team)	Age
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

Will Attend Dance: Yes No **If Yes how many: Players: _____ Coaching Staff: _____ Family Members: _____**

Will Attend Picnic: Yes No **If Yes how many: Players: _____ Coaching Staff: _____ Family Members: _____**

Will Attend Breakfast: Yes No **If Yes how many: Players: _____ Coaching Staff: _____ Family Members: _____**

Hotel _____ Address _____ Phone # _____