

Year _____	South Carolina American Legion Baseball Team Roster				
Post Name		Post #			
Insurance Co	S.A. Van Dyke	Accident Policy #			
		Liability Policy #			
		Phone:			
		E-mail:			
	PLAYER NAME	Uniform #	D.O.B.	School Attended on 3/31/_____	Yr of Graduation
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					
16)					
17)					
18)					
19)					
20)					
21)					
22)					
PLAYER CERTIFICATION					
I verify and certify, to the best of my knowledge, that the information submitted for the players named above is accurate and correct					

Coach/Athletic Director Printed name			Signature		
1)	SCHOOL NAME	Enrollment on 3/31_____	CO ED	MALE	
2)					
3)					
4)					
5)					
6)					
7)					
Approved by League Representataive					

Printed Name		Signature		Date	