



Spartan Slugfest

Inver Grove Heights Baseball Association

Roster Form

Team: _____

Age/Class: (circle one) 9AA 10A 10AA 11A 11AA 12A 12AA 13A 13AA 14/15A 14AA 15AA

Please fill out this form below and bring it to the Tournament Director table at the field one hour before your first game. During the check-in, the Director will require valid concussion certificates for every coach and birth certificates for every player listed below.

Head Coach

Assistant Coach

Assistant Coach

Name

Cell Phone

Email

Concussion Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Code of Conduct	<input type="checkbox"/>	-	-
Safe Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Background Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide the name, number, and birth date for all players who will be on the roster for the tournament

Player Name	Uniform No.	DOB	Birth Certificate	Innings Pitched				
				Gm1	Gm2	Gm3	Gm4	Gm5
			<input type="checkbox"/>					
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☐ MBT Berth

☐ GSTC Berth