**Tournament Roster Form**

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| --- | --- | --- |
| **League Name:** |  | **ID #:** |

|  |  |
| --- | --- |
| **Manager/Contact Name:** | |
| **Cell #:** | **Email:** |

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| --- | --- | --- | --- |
|  | ***Name*** | ***Suggested Pronunciation\**** | ***Uniform #*** |
| **Mgr.** |  |  |  |
| **Coach** |  |  |  |
| **Coach** |  |  |  |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **5.** |  |  |  |
| **6.** |  |  |  |
| **7.** |  |  |  |
| **8.** |  |  |  |
| **9.** |  |  |  |
| **10.** |  |  |  |
| **11.** |  |  |  |
| **12.** |  |  |  |
| **13.** |  |  |  |
| **14.** |  |  |  |

**\* Please provide a suggested pronunciation above if this will help the game announcer**

Email completed soft copies of the forms to the Tournament Director **immediately after your team wins the State Championship!**

# Tournament Director: Steven Lappert, Delaware District 1

# Email: StevenLappert@gmail.com

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**Tournament Winner Travel Arrangements Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Team Name:** | | | | |
| **First** | **Middle** | **Last** | **Gender** | **Date of Birth** |
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***Enter the manager’s and coaches’ information in the first three shaded rows. Enter players’ information in the white rows. You must include full names and dates of birth.***

***Typed copies are preferred to ensure that there are no errors.***

***This form must be submitted to the Tournament Director prior to the beginning of the tournament as it is required to make travel arrangements for the advancement of the Regional winner to the Intermediate League World Series.***

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