

# 2012 Rochester Tournaments Team Roster

TEAM NAME \_\_\_\_\_  
Association \_\_\_\_\_  
Age/Level \_\_\_\_\_

Coach: Please fill out this roster form and have a printed copy available at all times during the tournament. All coaches must also have copies of player birth certificates and coach concussion certificates available if asked by a tournament official. All teams can be requested to use the on-line register option through the [www.RYBA.MN website](http://www.RYBA.MN). You may also check in at the Rochester Baseball Complex but must do so 1 hour before your first game.

Jersey #	Name	Age	Birthdate

**Head Coach Info Used for State Qualifier**  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_

**Hotel Staying At (if staying in Rochester):** \_\_\_\_\_  
**Qualified for State Tournament (Circle one) Y N**      MBT      MSF      MYAS