NBBA TEAM ROSTER/ MEMBERSHIP FORM

TEAM NAME:_____ **YEAR:**_____

CITY, STATE:_____

Initial roster due June 1. Final roster due July 1. Mail to NBBA Secretary along with Membership dues.

TEAM MEMBER NAME*	STREET ADDRESS	CITY, STATE, ZIP CODE	PHONE NUMBER	**RESPONSIBILITIES

*NOTE: If team member is a minor (under age 18) please indicate with a star in front of the player(s) name(s). **Attach both** a signed and dated **waiver form** and a signed and dated **disclaimer**, identifying each minor and stating acceptance of responsibility, from the coach/team manager, parent or guardian attending the World Series who will be held accountable for each minor listed.

**Responsibilities means player, manager, coach, pitcher, catcher, spotter, scorekeeper, etc.