

2010 VIRGINIA AAU BASEBALL ROSTER

Team Name: _____ Club Number _____

Head Coach _____ Age Division _____

Contact email: _____ Contact Phone _____

	Name	Date of Birth	AAU Number	Uniform #	Phone #
1					
2					
3					
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Head Coach: _____

Asst. Coach: _____

Asst. Coach: _____

Asst. Coach: _____

Scorekeeper: _____

AAU BASEBALL INDIVIDUAL AND TEAM ELIGIBILITY

VERIFICATION STATEMENT

I, the undersigned, understand that according to AAU Baseball requirements, coaches are responsible to see that their team meets all eligibility requirements and I verify that this team meets those requirements.

HEAD COACH - SIGNATURE

DATE