

**Rogers County Baseball Association Team Registration
National League (Rec)**

Team Name: _____ Age Group: _____

Coach: _____ Phone: (H): _____ (W): _____ (C): _____

NYSCA# (_____) Email: _____ Year: _____

Assistant Coaches

Name: _____ NYSCA# (_____) Phone: (H): _____ (W): _____ (C): _____

Name: _____ NYSCA# (_____) Phone: (H): _____ (W): _____ (C): _____

Protected & Sibling Players

1. _____

2. _____

3. _____



4. _____

5. _____

6. _____

Returning or Assigned Players

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____