San Francisco Youth Baseball League
755 Stanyan
San Francisco, CA 94117
415.753.0703 info@sfybl.com

SFYBL 2010 Roster Form *(Opening Day: 3/20/10)*
Team Name:
Grade:

W	NAME	ADDRESS	ZIP	PHONE	SCHOOL	GRADE	EMAIL

I, the undersigned Coach will not allow any player to participate until said player has been registered with the league and a Waiver of Liability has been submitted to SFYBL, I will jeopardize my teams participation in the league if an unregistered player is found to be playing on my team.

Coaches:

	NAME	ADDRESS	ZIP	PHONE	EMAIL	SIGNATURE	Returning Coach?	Fingerprinted?
1								
2								
3								
4								

Please prioritize below the dates and times you cannot play, with #1 being your top priority. We will do our best to accommodate your request. Use the back of this sheet if necessary.