



ALL AMERICAN AMATEUR BASEBALL ASSOCIATION, INC.



Signature of AAABA Board of Director Franchise Representative _____

Name of Franchise _____

Name of League _____

Name of Team _____

ALL ROSTERS MUST BE E-MAILED TO CHAIRMAN OF NATIONAL TOURNAMENT COMMITTEE AND TO THE CHAIRMAN OF THE FRANCHISE COMMITTEE NO LATER THAN JULY 20TH

	Players Name (Please Type or Print)	D.O.B.	Street Address	City	State	Zip Code
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COACH						

Signature of Manager _____

Telephone Number _____