



Omega Delta Youth Baseball League
 2014 Omega Delta Classic
 Team Roster



Park/Team: _____

Manager: _____ Phone: _____

Address: _____

	<u>Name</u>	<u>D.O.B.</u>	<u>Address</u>	<u>Phone</u>
1				
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Rosters are final once submitted. No changes will be accepted.

Coaches: _____

Phone _____ Phone _____