



Fargo-Moorhead Fall League Team Roster



Team Name _____

Age Group- BB 13U BB 14/15U BB 16-18U
SB 12U SB 14U SB 16/18U

Teams and Groups must provide at least one coach for their players

Coach Name _____

Coach Email _____ Coach Phone _____ - _____ - _____

Coaches--- Please email a copy with Player Names, Grades, and Shirt Sizes as soon as your roster is complete. You may turn in a signed roster the first day of league. Please email to mike@fmballyard.com

By signing below all Parents/Guardians agree to the player release and liability waiver available at www.fmfallball.com

Name _____ School _____ Grade ____ Shirt-Youth or Adult ____ Phone # _____ Email _____ Parent Signature _____	Name _____ School _____ Grade ____ Shirt-Youth or Adult ____ Phone # _____ Email _____ Parent Signature _____	Name _____ School _____ Grade ____ Shirt-Youth or Adult ____ Phone # _____ Email _____ Parent Signature _____
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