


PENNSYLVANIA CONNIE MACK BASEBALL INC.
2019 ROSTER – Please circle the appropriate league identifier

Name of League: **BUX-MONT CONNIE MACK**

DIVISION: **A B1 B C1 C**

R-regular S-Secondary Roster 	Name of Player (Listed alphabetically)	Borough / Township: NOT Mailing Address	Age	Signature of player Only Required for 'A' League
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Legion Players: 1. _____ 2. _____ 3. _____

Include Legion Players twice – with the list of 20 names and immediately above this note.

Manager (Signature) _____ **Date** _____

Manager Mailing Address

(STREET) _____ **(CITY)** _____ **(ZIP)** _____

Manager Voice Number

Phone _____