


PENNSYLVANIA CONNIE MACK BASEBALL INC.
2017 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 _____