



AMATEUR BASEBALL FEDERATION OF INDIA

Baseball Championship.

(Org. By: _____)

From _____ at _____

ROSTER-FORM

STATE -				GENDER-	
S.No	PARTICULARS	PHOTO	S.No	PARTICULARS	PHOTO
1	Name of the Player		6	Name of the Player	
	Father's Name			Father's Name	
	Date of Birth			Date of Birth	
	Signature _____			Signature _____	
2	Name of the Player		7	Name of the Player	
	Father's Name			Father's Name	
	Date of Birth			Date of Birth	
	Signature _____			Signature _____	
3	Name of the Player		8	Name of the Player	
	Father's Name			Father's Name	
	Date of Birth			Date of Birth	
	Signature _____			Signature _____	
4	Name of the Player		9	Name of the Player	
	Father's Name			Father's Name	
	Date of Birth			Date of Birth	
	Signature _____			Signature _____	
5	Name of the Player		10	Name of the Player	
	Father's Name			Father's Name	
	Date of Birth			Date of Birth	
	Signature _____			Signature _____	

S.No	PARTICULARS	PHOTO	S.No	PARTICULARS	PHOTO
11	Name of the Player		13	Name of the Player	
	Father's Name			Father's Name	
	Date of Birth			Date of Birth	
	Signature_____			Signature_____	
12	Name of the Player		14	Name of the Player	
	Father's Name			Father's Name	
	Date of Birth			Date of Birth	
	Signature_____			Signature_____	
15	Name of the Player		16	Name of the Player	
	Father's Name			Father's Name	
	Date of Birth			Date of Birth	
	Signature_____			Signature_____	

17	Name of Official		18	Name of Official	
	Designation			Designation	
	Signature_____			Signature_____	

Signature_____

Name:_____

State Secretary