

TRI COUNTY LEAGUE OFFICIAL 2025 LEAGUE ROSTER FORM

TOWN / TEAM NAME: _____ / _____

PONY

COACH'S NAME: _____ **CONTACT PHONE #:** _____

Email Address:_____

ASST COACH'S NAME: _____ **CONTACT PHONE #:** _____

Email Address:_____

Put an asterisk * next to the player's name if they are listed on multiple rosters and are pitching in this division.)

UNIFORM #

[illegible]