PLEASE E-MAIL THIS FORM BY NOON ON FRIDAY, MAY 15th
to
pcollins@puyallup.k12.wa.us

2009 4A WCD III BASEBALL PLAYOFFS

SCHOOL: _____

MASCOT: _____

WIN/LOSS RECORD: _____

UNIFORM NUMBER	PLAYER NAME	POSITION	GRADE

COACH: _____ Contact Phone: _____

ASST. COACHES: _____

_____

MANAGERS: _____

PRINCIPAL: _____ Home Phone: _____

ATHLETIC DIR.:_____ Home Phone: _____