2021 CONNIE MACK ROSTER

Name of League: Lehigh Valley C	onnie Mack	Name of Team:			
Name of Player (Listed alph	abetically) #	Mailing Address (wi	th Township/Borough)	Signature of Player	Birth Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
Legion Players: 1)	2)				
				the list of 20 names and immediate	tely above this not
Manager (Signature)		Date			
Manager Mailing Address:				Phone	
	(Street)	(City)	(Zip)		

Date_____

Signature of authorized representative from teams' Organization: