Troy MVP Training Center Team Roster

Team Name:_____ Coaches Name:_____

Phone:_____ E-mail:_____

Age	Player Name	Player Address, City, State and Zip	E-mail	DOB

This form must be completed and turned into Tournament Director, before first game of tournament,
or it can be faxed to 334.566.4568, or e-mailed to ron@troybaseball.com

No Exceptions!