NOBF
North Oakland
BASEBALL FEDERATION

Official Roster and Player Contract for (Yr.) _____

Please write legibly

Team Name: Manager's Name:

Address: City: Zip: Telephone:

Note: By signing in the space indicated below, the player agrees to play for the team named hereon for the NOBF's 20___ baseball season.

Player Name	Jersey No	Address	City	Zip Code	Phone	Date of Birth	Player Signature	Parent Signature

rev. 1/14