



PRINT Clearly
Use Black Ink

Name

[illegible]

Number & Street Address

[illegible]

City

[illegible]

State

--	--

Zip Code[illegible]

Country

[illegible]

Telephone #:

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Email

[illegible]**Player's LAST Name****Player's
FIRST
Initial**

Team

Player's LAST Name**Player's
FIRST
Initial**

Team

Batters - Please List alphabetically.

1. _____
2. _____
3. _____
4. _____
5. _____

6. _____
7. _____
8. _____
9. _____
10. _____

Alternates - Please List in order of preference. Note: Pick 5 Alternates

1. _____
2. _____

3. _____

Pitchers (Total Victories, Season)

1. _____
2. _____

3. _____

4. _____

Home Run Hitters (Total Homers, Season)

1. _____
2. _____

3. _____

4. _____

RBI Champion(Total RBI's, Season)

# of RBI's			
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Stolen Base Champion (Total Stolen Bases, Season)

# of Stolen Bases			
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DIMAGGIO PRIZE (Longest Consecutive-Game Hit Streak)

# of Consecutive Games	
1	1
2	1
3	1
4	1
5	1
6	1
7	1
8	1
9	1
10	1
11	1
12	1
13	1
14	1
15	1
16	1
17	1
18	1
19	1
20	1
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88	1
89	1
90	1
91	1
92	1
93	1
94	1
95	1
96	1
97	1
98	1
99	1
100	1