FALL 2014 ADULT SOFTBALL TEAM ROSTER FORM

PLEASE PRINT CLEARLY

This roster does NOT need to be signed by individual players, but needs to be filled out completely and turned in with your completed registration information.

TEAM NAME: _____ MANAGER: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

PLAYER NAMES	ADDRESS, CITY & ZIP	DAYTIME PHONE	EVENING PHONE