



# 2010 Session #1 - SPRING Softball Roster

Circle League:    Men's    Men's Open    Women's    Power    Co-Ed    Women's    Men's    Women's  
                          Open    Industrial    Open    League    Friendly City    Friendly City    Church    Church

**Please Print**

Team Name \_\_\_\_\_ (Team name will appear on schedule as written)

Manager \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please Print – Must have player's actual signature**

Print Name	Address, City, State, Zip	Birthdate	Drivers License #	Phone Number	SIGNATURE
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<b>Print Name</b>	<b>Address, City, State, Zip</b>	<b>Birthdate</b>	<b>Drivers License #</b>	<b>Phone Number</b>	<b>SIGNATURE</b>
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