



Shawano Girls Softball Association



Shawano Girls Softball Association Official Roster Sheet

Team Name _____

Player Name	Number	Age	Birthdate
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____

Coach must have proof of age for all players if requested by tournament director

Coach: _____

Address: _____

City: _____ State _____ Zip _____

Email: _____

Phone: _____ Cell Phone: _____

Number to contact in case of weather during tournament: _____

Liability Statement: As coach of the _____ team participating in the Shawano Girls Softball Association tournament I have received copies of the rules and agree to abide by them. Each team entered on behalf of the _____ (your league) organization has adequate insurance and I release the Shawano Girls Softball Association of any liability during and/or to or from this tournament.

Coaches signature: _____ Date: _____

This roster sheet must be completed and turned in at the Main Concession stand 30 min prior to your first game.

NO OTHER ROSTER SHEET WILL BE ACCEPTED!!!