

Georgetown Parks & Recreation / Softball Team Roster

Date: _____

Team Name: _____ Previous Team Name: _____

Please check the appropriate box for league night and skill level (Rules used are noted in parentheses)

Monday Men's Church (USA) Monday Women's (USA)

Tuesday Co-Ed (USA)

Wednesday Men's Wood Bat (USA)

Friday Co-Ed (USA)

Skill Level: Low Medium

	NAME (FIRST AND LAST NAME AS IT APPEARS ON ID)	PHONE	CITY/TOWN (TO HELP US DETERMINE WHERE OUR PLAYERS COME FROM)
1.			
2.			
3.			
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17.			
18.			
19.			
20.			

Manager: _____

Home Phone: _____ Cell: _____ Work: _____

Street Address: _____ City, State, Zip: _____

Email Address(required): _____