

Georgetown Parks & Recreation / Softball Team Roster

Date: _____

Team Name: _____ Previous Name: _____

League: Monday Men's Church (ASA) Monday Women's (ASA) Thursday Men's (ASA) Friday Co-Ed (ASA)

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.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Team Manager: _____

Address: _____
House # & Street City, State & Zip

Phones: *Home* _____ / *Cell* _____ / *Work* _____

Email Address (required): _____