

TEAM ROSTER

ATTACH MEDICAL RELEASE WAIVERS FOR EACH PARTICIPATING PLAYER!

\$10 ENTRY FEE PER PLAYER & WILL BE COLLECTED AT TEAM CHECK IN!

TEAM NAME: _____
(come on, be creative!)

CONTACT PERSON: _____ PHONE# _____

BRACKET: 18-29 or 30+ (please circle one)

(Exception to 30+ bracket: may have up to 2 under 30 players but no pitchers!)

COACHES: _____

MY TEAM WILL PARTICIPATE IN (CIRCLE ONE): (POOL PLAY) (BRACKET PLAY) (BOTH)

PLAYER NAME

(5 MEN / 5 WOMEN (OR AS CLOSE AS YOU CAN GET!))

		M/F
1	_____	
2	_____	
3	_____	
4	_____	
5	_____	
6	_____	
7	_____	
8	_____	
9	_____	
10	_____	
11	_____	
12	_____	
13	_____	

ROSTERS TO BE PLACED IN THE "ROSTER" BOX IN THE COACHES' ROOM ON OR BEFORE, WEDNESDAY MAY 31st - SORRY NO LATE ROSTERS WILL BE ACCEPTED!