

Brookings Softball Association
20__ ADULT COED SOFTBALL ROSTER

	NAME	ADDRESS	PHONE #	SIGNATURE
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____
11	_____	_____	_____	_____
12	_____	_____	_____	_____
13	_____	_____	_____	_____
14	_____	_____	_____	_____
15	_____	_____	_____	_____
16	_____	_____	_____	_____
17	_____	_____	_____	_____
18	_____	_____	_____	_____
19	_____	_____	_____	_____
20	_____	_____	_____	_____

COED TEAM ROSTERS MUST INCLUDE A MINIMUM OF FIVE FEMALES AND FIVE MALES.

TEAM NAME _____

MANAGER'S NAME _____

MAILING ADDRESS: STREET/RR, BOX # _____

CITY & ZIP CODE _____

PHONE # _____

EMAIL ADDRESS: _____

PLEASE NOTE: By signing this roster, players acknowledge that the Brookings Softball Association (BSA) is not responsible for injuries that may occur on the field or within the complex.