

Brookings Softball Association

20__ ADULT WOMEN'S 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 _____	_____	_____	_____

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.