



OFFICIAL 2016 SUMMER SOFTBALL TEAM ROSTER

- All team rosters must be signed by each individual in their own handwriting and turned in to the REC-PLEX before their first third week game is played. (FILL OUT IN FULL)
- Any additions/deletions to your roster must be sent to me via email at bbacyinski@stpetersmo.net
- By signing this roster, I, the undersigned, recognize, acknowledge, and agree to abide by all rules and regulations for this program/activity as set forth by the City of St. Peters and/or the nationally recognized organizing body whose rules this program/activity will follow.
- By signing this roster, I, the undersigned, recognize, acknowledge, and agree to abide by all rules of conduct for this program/activity as set forth by the City of St. Peters. I, further recognize, that should I fail to abide by these Player/Coach/ Manager Conduct Rules I may be discharged/removed from this program/activity without refund of fees paid by myself, my teammates, team coach/manager and/or team sponsor. **ALL PLAYERS MUST BE 18 OR OLDER.**

League Night: _____ Team Name: _____ Team Manager: _____

	Players' Name (<i>printed</i>)	Address	Phone Number	Player Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				



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League Night: _____ Team Name: _____ Team Manager: _____

	Players' Name (printed)	Address	Phone Number	Player Signature
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				