

CGSL INVITATIONAL SOFTBALL
TOURNAMENT 2017 TEAM ROSTER

DIVISION (Circle One)

TOWN: _____

8U 10U 11-12 13-15

NAME	DATE OF BIRTH	AGE	CITY/STATE
1.			
2.			
3.			
4.			
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13.			
14.			
15.			

PRIMARY CONTACT: _____ E-MAIL: _____ PHONE # _____

MANAGER: _____ PHONE # _____

COACH: _____ PHONE # _____

COACH: _____ PHONE # _____

CONTACT (GAME CHANGES): _____ PHONE # _____

Certification of Roster: I, _____, President of the _____, hereby certify the above listed players were all members of our league during the 2017 Softball Season. I understand that any false information provided will result in disqualification of the entire team, without a refund of the registration fee.

SOC. PRESIDENT'S NAME: _____ PHONE # _____