

2017 Bismarck Women's Slowpitch Softball Association

Official Team Roster

SPONSOR/TEAM NAME

Manager:

Asst. Manager:

Address:

Address:

Phone:

Phone:

Email:

Email:

Coach:

Asst. Coach:

PLAYER NAME	Address/City/Zip	Previous Team Name	Prior Class	'X' if Multi-Roster Player
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

STATE GUIDELINES: MINIMUM OF 12 PLAYERS. MAXIMUM OF 20 PLAYERS

MANAGERS: Reverse side MUST be completed for Multi-Roster players

THIS SECTION MUST BE COMPELTED FOR EACH PLAYER WHO IS ROSTERED ON ANOTHER TEAM(S)

ROSTERED PLAYERS OTHER TEAM(S)

PLAYER NAME	2 nd Team	Class	3 rd Team	Class

BWSSA Board Use Only

Team Fees:

Sponsor \$240 PAID
Players \$50 / Rostered Player

Players on 'Official Roster'

Number of Players	Player Fee	Date Paid
	X \$50	

REFUNDS

# Players Refunded For	Total Refund	Date Paid

ADDITIONS

# Players Added	Additional Fees Collected (\$50/Add)	Date Paid

Comments: