**2024 Bismarck Women’s Slowpitch Softball Association**

**OFFICIAL** Team Roster

**SPONSOR/TEAM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manager: Asst. Manager:**

**Address: Address:**

**Phone: Phone:**

**Email: Email:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** | **2nd Team** | **Class** | **3rd Team** | **Class** |
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***BWSSA Board Use Only***

**Team Fees:**

 **Team Fee**: **$1600** [ ]  PAID

**Players on ‘Tentative Roster’**

|  |  |  |
| --- | --- | --- |
| **League** | **# of Players** | **Board Initials** |
|  |  |  |

**Checks**

|  |  |  |  |
| --- | --- | --- | --- |
| **Check #** | **Amount** | **Business/Sponsor/Check Name** | **Date Paid** |
|  |  |  |  |
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**Comments:**