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

**Tentative** 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:**