**2020 Bismarck Women’s Slowpitch Softball Association**

**TENTATIVE** 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** | **2nd Team** | **Class** | **3rd 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:**