

# 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 COMPLETED FOR EACH PLAYER WHO IS ROSTERED ON ANOTHER TEAM(S)**

**ROSTERED PLAYERS OTHER TEAM(S)**

<b>PLAYER NAME</b>	<b>2<sup>nd</sup> Team</b>	<b>Class</b>	<b>3<sup>rd</sup> Team</b>	<b>Class</b>

**BWSSA Board Use Only**

**Team Fees:**

Team Fee: \$1600

PAID

**Players on 'Tentative Roster'**

<b>League</b>	<b># of Players</b>	<b>Board Initials</b>

**Checks**

<b>Check #</b>	<b>Amount</b>	<b>Business/Sponsor/Check Name</b>	<b>Date Paid</b>

**Comments:**