

MERIDEN AMATEUR SOFTBALL ASSOCIATION TEAM ROSTER

REQUEST DATES

ROSTER MUST BE COMPLETE AND LEGIBLE OR IT WILL NOT BE ACCEPTED
 ANY FALSE INFORMATION WILL RESULT IN TEAM EXPULSION AND FORFEITURE OF ENTRY FEE.

TEAM NAME:
DIVISION PREFERENCE:
PREVIOUS TEAM NAME/DIVISION:

TEAM REP:
MAILING ADDRESS:
EMAIL ADDRESS:

TEAM MANAGER:
MAILING ADDRESS:
EMAIL ADDRESS:

_____ **TEAM REPRESENTATIVE SIGNATURE**

	NAME	AGE	DIV	ADDRESS	CITY	PHONE	ELIGIBILITY
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

*** ELIGIBILITY CODES: ***

C – Charter Club, E – Employer, G – Grandfather, HS – High School, O – Out of Town, R – Resident, T – Tax Payer

MASA BOARD USE ONLY Initials _____

Entry fee paid \$ _____ Name on check _____ Check # _____

Entry fee paid \$ _____ Name on check _____ Check # _____

Out of town fee paid \$ _____ Name on check _____ Check # _____