TEAM ROSTER FORM

2020 Frankfort Girls Softball
Summer Rec All-Star Tournament
Monday, July 20, 2020 -Sunday July 26, 2020

Team Name:_____

Division: _____ (Cell number is preferred)

Manager(s): _____Phone/Email:_____/_____

Asst/Coach: _____Phone/Email:_____/_____

Asst/Coach _____Phone/Email:_____/_____

Name	Current Age	Date Of Birth	Jersey Number

YOU MUST BRING YOUR ROSTER FORM ALONG WITH TEAM BIRTH CERTIFICATES, AND CERTIFICATE OF INSURANCE TO THE REGISTRATION TABLE AT YOUR FIELD BEFORE YOUR FIRST GAME.