



**CCRPD ADULT SOFTBALL LEAGUE
OFFICIAL ROSTER**

ALL AREAS OF THIS FORM MUST BE FILLED OUT COMPLETELY OR IT WILL NOT BE ACCEPTED!

TEAM NAME: _____ **SEASON:** _____ **YEAR:** _____

MANAGER'S NAME: _____ **PHONE #:** _____

MANAGER'S ADDRESS & ZIP _____ ***EMAIL:** _____

PLAYER NAME	ADDRESS	ZIP	PHONE
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BY SIGNING BELOW I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

TEAM MANAGER'S SIGNATURE: _____ **DATE:** _____

***ALL SCHEDULES AND CORRESPONDENCE WILL BE SENT VIA EMAIL.**