

South Kingstown Parks and Recreation: Adult Fall Softball Roster 2021

Team Name _____ Team Manager _____ Division _____

Manager's Address _____ Phone _____ Email _____

** REQUIRED **

Players Name	Phone
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	
11)	
12)	
13)	
14)	
15)	
16)	
17)	
18)	
19)	

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90% of information for all leagues will be sent out through e-mail this year. This includes schedules, cancellations and rain make-up dates. You MUST supply an e-mail contact for someone on your team.

** Additional e-mail contacts may be added to the back of the roster.

Manager's Signature: _____

With this signature, you are stating that all information contained on this form is true and accurate. In addition, that you have read and agree to follow the rules set forth in the packet.

TEAM FEE: \$550.00

Fee is based on two (2) umpires and an 8 regular season schedule with a **Single** Elimination Tournament.

STAFF ONLY:

DATE: _____ **INITIAL:** _____

TOTAL FEE PAID: _____

CASH: _____ **CHECK #** _____

CHARGE: MC ___ **VS** ___ **DC** ___

CODE: **Coed League** **TAG7005**
 Men's League **TAG7006**

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**** REQUIRED ****

Players Name	Phone
20)	
21)	
22)	
23)	
24)	
25)	

Additional contact if manager is not available: _____

Email: _____