



Roster Form

Division (circle) 8U 10U 12U 14U

Team Name _____

Manager Name _____

Cell Number _____
(any # that we can contact you during weekend)

Home Number _____

E-Mail _____

Line #	Uniform #	Full Name	Birthday	Checked Y/N
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Please remember to bring your players ASA cards.

We hereby agree to follow the CGFP (Clairemont Girls Fastpitch) rules and we understand that these rules may be modified at anytime for the protection of the players, coaches, and umpires, or to modify the operating procedures of CGFP.

We also give CGFP permission to publish the name, phone number, and email address of the Fall Ball Contact Person and the team Managers on our website.

Finally, I acknowledge that all the players on this roster are registered with ASA and covered by Bollinger Insurance as required by ASA. We understand that this registration package will be rejected if we do not submit proof of insurance for all players and coaches with this registration package.

Manager Signature