



Ashwaubenon Girls' Softball Tournament 10 & Under July 13 - 16, 2006



ROSTER

Team Name: _____

Rosters must be turned in at the concession stand 30 minutes before your first game

No changes can be made after this time

Age classification determined as of July 1, 2006

	<u>Player Name</u>	<u>Age</u>	<u>Birth Date</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
6)	_____	_____	_____
7)	_____	_____	_____
8)	_____	_____	_____
9)	_____	_____	_____
10)	_____	_____	_____
11)	_____	_____	_____
12)	_____	_____	_____
13)	_____	_____	_____
14)	_____	_____	_____
15)	_____	_____	_____

Coach must have proof of age for all players during the tournament

Coach: _____

Address: _____

Phone: _____

Liability Statement: As Coach of the _____ softball team, please accept the above team into your tournament. The birth date for each player is correct. I have received copies of the tournament rules and agree to abide by them. Each team entered on behalf of the above organization has appropriate and adequate insurance and I release your organization of any liability during/to or from this tournament.

Coach's signature: _____

Date: _____