



# Ashwaubenon Girls' Softball Tournament

July 13 - 16, 2006  
**12u or 15u (circle one)**



## ROSTER

Team Name: \_\_\_\_\_

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

**No changes can be made after this time**

**Age classification determined as of January 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: \_\_\_\_\_