

SOUTH JERSEY GIRLS SOFTBALL ASSOCIATION, INC.

SOFTBALL 2012 TEAM ROSTER

DIVISION _____

TEAM NAME _____

TITLE	NAME	ADDRESS	CITY	ZIP	PHONE #	E MAIL
MANAGER						
COACH						
COACH						
COACH						
SCOREKEEPER						
TEAM PARENT						

#	PLAYER'S NAME (FIRST, M.I., LAST)	ADDRESS	CITY	ZIP	PHONE	BIRTH			LEAGUE AGE	NEW RET	REG EXC	SCHOOL
						M	D	Y				
1												
2												
3												
4												
5												
6												
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9												
10												
11												
12												
13												
14												
15												

S.J.G.S.A CERTIFICATION _____
(Commissioner)

DATE _____