RURAL GIRLS SOFTBALL LEAGUE ROSTER FORM

ORGANIZATION NAME: _____

AGE DIVISION: _____

RGSL Master Team # _____ (for RGSL use only)

Check only one of the following types of play:

___ SLOW PITCH
___ INSTRUCTIONAL FAST PITCH
___ COMPETITIVE FAST PITCH

MANAGER: _____ (Name) _____ (Street Address) _____ (City) ___ (Zip) _____ (Home Telephone) _____ (Work Phone) _____ email

COACH: _____ (Name) _____ (Street Address) _____ (City) ___ (Zip) _____ (Home Telephone) _____ (Work Phone) _____ email

If a player already has an RGSL number AND her address and telephone number have NOT changed from those on the RGSL printout given to your Commissioner, only enter her RGSL number, name, and date of birth. If her address or telephone number have changed, enter that information also.

	Player RGSL Number	Player Name			Player Address				Player Birthdate	Player Home Telephone
		Last Name	First Name	Middle Initial	Street Number	Street	City	Zip		
1.										
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18.										