Ketchikan Softball Association
Team Roster

Submit one roster per division

Team Sponsor: _____

Team Name: _____

Year: _____

Division:

_____
Coach's Name

_____
Manager's Name

#	Player Name – Male	Wvr Atchd	Fee Rcvd	#	Player Name – Female	Wvr Atchd	Fee Rcvd
1		☐	☐	1		☐	☐
2		☐	☐	2		☐	☐
3		☐	☐	3		☐	☐
4		☐	☐	4		☐	☐
5		☐	☐	5		☐	☐
6		☐	☐	6		☐	☐
7		☐	☐	7		☐	☐
8		☐	☐	8		☐	☐
9		☐	☐	9		☐	☐
10		☐	☐	10		☐	☐
11		☐	☐	11		☐	☐
12		☐	☐	12		☐	☐

I understand that submission of this roster and accompanying entry fee does not necessarily constitute entry into the Ketchikan Softball Association as entry will be considered on a first come, first serve basis. If this team is not granted a spot with Ketchikan Softball Association for the season year listed above, all entry fees will be reimbursed.

_____
Signature of Coach Date

_____
Signature of Manager Date

For office use only

_____ ☐Check ☐Cash ☐CC

Date Received Amount Received