

FALL 2021 – MINI ROSTER

Managers: Please complete the form and submit with team paperwork.

Team Name:	
Manager's Name :	Co-Manager
Mark appropriate box <input checked="" type="checkbox"/> Basketball: <input type="checkbox"/> Men's <input type="checkbox"/> Women's Slow Pitch: <input type="checkbox"/> Tuesday <input type="checkbox"/> Thursday <input type="checkbox"/> Seniors Coed Slow Pitch: <input type="checkbox"/> Monday <input type="checkbox"/> Sunday Volleyball: <input type="checkbox"/> Reverse Coed <input type="checkbox"/> 4-Woman	Team Rating A B C D
	Roster Min -Max Basketball 8 - 12 Softball 12 - 20 Volleyball (4-man) 8(6) - 12

For Office Use

Team Player Name – Please print neatly	Por	AR	Cov	W	NOTES
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