

**GLOUCESTER CITY
GIRLS SOFTBALL
INVITATIONAL SOFTBALL TOURNAMENT**

TEAM ROSTER

TOWN: _____ **DIVISION:** _____

Please Print or Type

NAME	ADDRESS	AGE	DATE OF BIRTH
1.			
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MANAGER: _____ **PHONE #** _____

Main Contact E-Mail (PRINT) _____

COACH: _____ **PHONE #** _____

COACH: _____ **PHONE #** _____

COACH: _____ **PHONE #** _____

INSURANCE COMPANY: _____ **POLICY #** _____

ASSOC. PRESIDENT'S NAME: _____ **PHONE #** _____