

United Girls Softball League

2010 Team Roster

Division: _____

Team Name: _____

TITLE	NAME	ADDRESS	CITY	ZIP	PHONE	CELL	E-MAIL		
Manager									
Coach									
Coach									
Coach									
Scorekeeper									
	PLAYER'S NAME First, Middle, Last	ADDRESS	CITY	ZIP	PHONE	DOB	School	LEAGUE AGE	Birth Cert
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

UGSL Certification: _____

Date: _____