



SCRIPPS RANCH SOFTBALL ASSOCIATION  
27<sup>th</sup> Annual All-Star Tournament

# TEAM ROSTER

League \_\_\_\_\_

Division (circle) 8UG 8US 10UG 10US 10UB 12UG 12US 14U

Team name (if applicable) \_\_\_\_\_

Manager \_\_\_\_\_

Email/Cell \_\_\_\_\_

Please provide a number where you can be reached in case we need to notify you of field, game, or time changes.

	<b>JERSEY #</b>	<b>PLAYER NAME</b>	<b>AGE</b>	<b>BIRTH DATE</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				

**NOTE:** Please be sure to check-in one (1) hour prior to your 1<sup>st</sup> scheduled game. You must have your roster, birth certificates with photos and non-photo USA card with a copy of your league insurance or roster, photo USA cards and a copy of your league insurance with you at time of check-in.