



American Legion South Carolina Lady Fastpitch Softball Team Roster Form

Year _____

Post Name _____

Insurance Co _____

Team Manager _____

E-mail: _____

Post # _____

Insurance Policy # _____

Team Name _____

Phone # _____

	PLAYER NAME	D.O.B.	SCHOOL ATTENDED	GRAD YEAR
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

PLAYER CERTIFICATION

I verify and certify, to the best of my knowledge, that the information submitted for the players named above is accurate and correct.

Coach / Manager Printed Name

Signature

Date

ALSCLFPS Chairman Printed Name

Signature

Date