

MEN'S CLOSED METRO PARKS SOFTBALL ROSTER

League Name (Write Above)

Team Name (Write Above)

Plainly print or type information below.

| Player's Name | Home Address | Zip | Phone | County | Signature |
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THIS ROSTER, A LETTER OF VERIFICATION OF EMPLOYMENT ALONG WITH YOUR FEES MUST BE TURNED IN TO THE RECREATION OFFICE 24 HOURS BEFORE YOUR FIRST GAME.

Coach's Signature _____
 Address _____
 City _____ State ____ Zip _____ Cty _____

Asst. Coach _____
 Address _____
 City _____ State ____ Zip _____ Cty _____

Email Address of Coach (Please Print) _____

MEN'S OPEN METRO PARKS SOFTBALL ROSTER

League Name (Write Above)

Team Name (Write Above)

Plainly print or type information below.

| Player's Name | Home Address | Zip | Phone | County | Signature |
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**THIS ROSTER ALONG WITH FEES
MUST BE TURNED IN TO
THE RECREATION OFFICE 24 HOURS
BEFORE YOUR FIRST GAME.**

Coach's Signature _____
 Address _____ Phone _____
 City _____ State ____ Zip _____ Cty _____

Asst. Coach _____ Phone _____
 Address _____
 City _____ State ____ Zip _____ Cty _____

Email Address of Coach (Please Print) _____

MEN'S CHURCH METRO PARKS SOFTBALL ROSTER

League Name (Write Above)

Team Name (Write Above)

Plainly print or type information below.

| Player's Name | Home Address | Zip | Phone | County | Signature |
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**I CERTIFY THAT THE ABOVE
PLAYERS ARE MEMBERS
OF THIS CHURCH.**

Coach's Signature _____
Address _____ Phone _____
City _____ State ____ Zip _____ Cty _____

Pastor's Signature

Asst. Coach _____ Phone _____
Address _____
City _____ State ____ Zip _____ Cty _____

**THIS ROSTER ALONG WITH FEES
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BEFORE YOUR FIRST GAME**

Email Address of Coach (Please Print) _____

Email Address of Pastor: _____

CO-ED METRO PARKS SOFTBALL ROSTER

League Name (Write Above)

Team Name (Write Above)

Plainly print or type information below.

| Player's Name | Home Address | Zip | Phone | County | Signature |
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Coach's Signature _____
 Address _____ Phone _____
 City _____ State ____ Zip _____ Cty _____

Asst. Coach _____ Phone _____
 Address _____
 City _____ State ____ Zip _____ Cty _____

Email Address of Coach (Please Print) _____

WOMEN'S CHURCH METRO PARKS SOFTBALL ROSTER

League Name (Write Above)

Team Name (Write Above)

Plainly print or type information below.

| Player's Name | Home Address | Zip | Phone | County | Signature |
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**I CERTIFY THAT THE ABOVE
PLAYERS ARE MEMBERS
OF THIS CHURCH.**

Coach's Signature _____ Phone _____
Address _____
City _____ State ____ Zip _____ Cty _____

Asst. Coach _____ Phone _____
Address _____
City _____ State ____ Zip _____ Cty _____

Email Address of Coach (Please Print) _____

Pastor's Signature

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THE RECREATION OFFICE 24 HOURS
BEFORE YOUR FIRST GAME.**

Coach's Signature _____
 Address _____ Phone: _____
 City _____ State ____ Zip _____ Cty _____
 Asst. Coach _____ Phone _____
 Address _____
 City _____ State ____ Zip _____ Cty _____

Email Address of Coach (Please Print) _____