CITY OF GREENVILLE PARKS & RECREATION

ADULT SOFTBALL TEAM ROSTER

SEASON (circle one of the following) Spring Fall YEAR_____

TEAM NAME_____ GAME DAY_____

Circle one of the following: MEN COED WOMEN

Name of players (please print)	UNIFORM NUMBER	PLAYER CONTRACT	**DATE**	CITY LIMITS (YES/NO)
1.				
2.				
3.				
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19.				
20.				

Team Contact_____

Address_____ City_____ ZIP_____

PHONE: Home_____ Work_____ Cell_____

Email_____

Email_____