

SOUTH JERSEY GIRLS SOFTBALL ASSOCIATION, INC.

SOFTBALL 2019 TEAM ROSTER

DIVISION _____

TEAM NAME _____

TITLE	NAME	ADDRESS	CITY	ZIP	PHONE #	E MAIL
MANAGER						
COACH						
COACH						
COACH						
SCOREKEEPER						
TEAM PARENT						

#	PLAYER'S NAME (FIRST, M.I., LAST)	CITY	ZIP	USSSA, USA (y/n)	BIRTH			LEAGUE AGE	NEW RET	REG EXC	SCHOOL
					M	D	Y				
1											
2											
3											
4											
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8											
9											
10											
11											
12											
13											
14											
15											

S.J.G.S.A CERTIFICATION _____
(Commissioner)

DATE _____