SAN FRANCISCO RECREATION AND PARK DEPARTMENT MUNICIPAL SOFTBALL LEAGUE

TEAM NAME:_____

PREVIOUS NAME & CLASS:_____

Signature on roster signifies knowledge of and acceptance of all rules and regulations on the reverse side of this form and as set forth by League Office.

GOLDEN MASTERS (50 YRS & OLDER) SLOW PITCH:
(PLEASE CIRCLE ONE)

PLEASE PRINT OR TYPE (IF ***ROSTER*** IS NOT ***LEGIBLE***, IT WILL ***NOT*** BE ACCEPTED)

Driver's Lic. or DMVIC No.	Last Name, First Name	Signature	Home Address, City	If Non-Resident Work/School Address

MANAGER:_____**ADDRESS:**_____

CITY:_____**ZIP CODE:**_____**SIGNATURE:**_____

EVENING PHONE:_____**DAY PHONE:** _____**E-MAIL**_____

CAPTAIN:_____**EVENING PHONE:**_____**DAY PHONE:**_____

"X" NIGHTS YOU *CANNOT* PLAY: **MON**____ **TUES**____ **WED**____ **THUR**____ **FRI**____ **SAT**____ **SUN**____

OFFICE USE ONLY: R/C_____CK#_____ AMT_____DATE_____CLASS_____