

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.

WOMEN'S MASTERS (35 & OLDER)

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

ROSTER ADJUSTMENT FORM
CHANGES ONLY

ADDITIONS

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

DELETIONS

LAST NAME	FIRST NAME	LAST NAME	FIRST NAME

MANAGER: _____ ADDRESS: _____

CITY: _____ ZIP CODE: _____ SIGNATURE: _____

EVENING PHONE: _____ DAY PHONE: _____

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 _____