

**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 SLOW PITCH:        B        CC        C        DD        D  
 ( PLEASE CIRCLE ONE )

*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 \_\_\_\_\_