



Jaguar Girls' Softball Tournament

July 15 - 18, 2010



10u, 12u, 14u or 16u (circle one)

ROSTER

Team Name: _____

Rosters must be turned in at concession stand 30 minutes before your first game

No changes can be made after this time

Age classification determined as of January 1, 2010

	<u>Player Name</u>	<u>Jersey Number</u>	<u>Birth Date</u>
1)	_____	_____	___/___/___
2)	_____	_____	___/___/___
3)	_____	_____	___/___/___
4)	_____	_____	___/___/___
5)	_____	_____	___/___/___
6)	_____	_____	___/___/___
7)	_____	_____	___/___/___
8)	_____	_____	___/___/___
9)	_____	_____	___/___/___
10)	_____	_____	___/___/___
11)	_____	_____	___/___/___
12)	_____	_____	___/___/___
13)	_____	_____	___/___/___
14)	_____	_____	___/___/___
15)	_____	_____	___/___/___

Coach must have proof of age for all players during the tournament

Coach: _____

Address: _____

Weekend Contact Phone Number(s): _____

Liability Statement: As Coach of the _____ softball team, please accept the above team into your tournament. The birth date for each player is correct. I have received copies of the tournament rules and agree to abide by them. Each team entered on behalf of the above organization has appropriate and adequate insurance and I release your organization of any liability during/to or from this tournament.

Coach's signature: _____

Date: _____