



2020 Adult Co-ed Summer Softball League Team Roster

Sponsor/Team Name: _____

Phone Numbers:

Manager: _____

Home _____

Address: _____ Zip _____

Work _____

Email Address: _____

Cell _____

Secondary Team Contact: _____ (Email) _____

Please Type or Print Clearly – No Nicknames

Name	Address	City	Zip	Age	Phone
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

All players on this roster agree to play with the above team during the season or until the manager records the release of the player with the Leisure Services Department. Participation in Leisure Services programs involves an element of risk or danger for all participants and may cause serious injury, death or property loss. Each participant assumes these risks and releases the Village of Howard and/or sponsors of any liability in the event of injuries or loss of property resulting from his/her participation in Leisure Services league play.

Manager's Signature: _____

Date: _____