

**Warren Association of Baptists
Spring 2020 Softball Roster**

Church / Team Information

Name of Church / Team: _____

___ Competitive Co-Ed Adult ___ Non-Competitive Co-Ed Adult ___ Men's Comp. ___ Youth

Coach: _____ Phone: _____

Asst. Coach: _____ Phone: _____

ALL INFORMATION MUST BE COMPLETE.

Roster (with coach's signature) must be submitted before the start of your first game.

Roster may be submitted to a league administrator or to the scorekeeper.

DO NOT submit your roster to the WAB office.

Roster

Name

Phone

Coach's Signature: _____

