Official Roster

Team Name: _____ Age Group: _____ Date: _____

NAFA North American Fastpitch Association City/State: _____ Div: A B C (Circle ONE)

PLEASE PRINT NEATLY!

#	Player's Name	Address	City/State	Zip	Phone	DOB

*Jan 1 of current year – NAFA age cut off date.

Team Personnel

	Name	Address	City/State	Zip	Phone
Head Coach:					
Asst. Coach:					
Asst. Coach:					

Email: _____ Name: _____