

Official Roster

Team Name: _____ **Age** ____ **A or B** _____

NAFA North American Fastpitch Association **City/State:** _____ **Year:** _____

NAFA Membership Number: _____ **Year:** _____

	Player's Name	Address	City/State	ZIP	Phone	Date of Birth*
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

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

	Name	Address	City/State	ZIP	Phone
Head Coach:					
Coach:					
Coach:					
Coach:					

Head Coach email: _____ **cell:** _____ **Name:** _____