

Team Roster -



Name of Charter

Community & Team Name

Class: A ____ B ____ C ____ D ____ E ____

Date

OGSO-4

BGS ID	Manager	Street, City & Zip	Phone
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BGS ID	Assistant Manager	Street, City & Zip	Phone
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BGS ID	Coach	Street, City & Zip	Phone
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BGS ID	Coach	Street, City & Zip	Phone
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Player's Name	Address	Phone	Date of Birth
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1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

I certify that only the above players are eligible to play on this team.

I hereby certify that each participant listed above is eligible to represent the above team and shall comply with all Ohio Girls Softball Organization Rules and Regulations.

Manger's Signature

Date

Authorized Community Official

Date

Authorized Charter Official

Date

This Team Roster form must be typewritten and made in triplicate for every team in each League Division before any team in the League can be eligible for Tournament Play and shall consist of only 18 players (20 in D League) on that team as of June 10th.