Official Softball Roster

Please indicate type of play and team history of play at Hopkins Road. If no history, please indicate what league and level you would like to participate. All rosters must be complete and turned in upon registration.

100 Harrington Road
Syracuse, NY 13224
Ronald@homerunsbsb.com

___Seniors ___ Mens ___Womens ___COED Night and League Played last year _____

Team Strength: ___Classic ___A ___B ___C ___D ___N/A Last years record:_____

Days or Nights requested:_____ Days or Nights cannot play:_____

Team Manager _____	Team Captain _____
Address _____	Address _____
Tel (H)_____ (W)_____	Tel (H)_____ (W)_____
E-Mail _____	E-Mail_____

NAME (Maximum 20 Players	E-Mail Address	Phone

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I have informed all participants on this team that Homerun Softball LLC does not carry medical insurance for the program. Players have agreed to hold harmless Homerun Softball LLC, Onondaga County, their employees, league officials and will in turn pursue appropriate coverage.

Team Manager's Signature _____

Received By:_____ **League Fee Amount**_____

Forfeit Fee Amount_____

Receipt # _____ **Date** _____