Official Softball Roster

Team Name _____

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

ONONDAGA COUNTY Parks

Mail completed form to:
Hopkins Road Softball
106 Lake Dr
Liverpool, NY 13088

or Fax to: 315-457-3681

Please print clearly!

❑ Seniors' ❑ Men's ❑ Women's ❑ Coed Night played & league last year: _____

Team strength: ❑ Classic ❑ A ❑ B ❑ C ❑ D ❑ N/A Last year's record: _____

Days or Nights requested: _____ Days or Nights cannot play: _____
(Whenever possible requests will be accommodated.)

Team Manager: _____
Address: _____
Tel: (H) _____ (W) _____
E-mail: _____

Team Captain: _____
Address: _____
Tel: (H) _____ (W) _____
E-mail: _____

Name (Maximum 20 players)	**Email Address**	**Phone** (Work/Home)

Visit ***SoftballatHopkins.com*** for updates and standings.
All rosters subject to approval.

Received by: _____ Amount: _____ Receipt No. _____ Date _____