



United States Slo-Pitch Softball Association



OFFICIAL CHURCH TEAM ROSTER

Team Name: _____

Team is From: _____ CITY STATE

PLAYERS FULL NAME (Please Print)

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

NOTE: Non-Playing managers should not be listed as a player.

Managers Name: _____

Managers Mailing Address: _____

Managers Telephone Number: _____

Managers Verification: This is to certify that this roster does not include any assumed names and that each player conforms to the eligibility rule governing church teams. No player on this roster participated this season on any team that is classified as a major team and no player's name on this roster also appears on the USSSA Major Player's List.

Date _____ Managers Signature: _____

Church Membership Verification: This is to certify that each player listed on this roster has been an active participant in the Worship Services of the above named Church since March 1st of the current year.

Pastor or Ministers Signature: _____

Pastor or Ministers Address: _____

Date: _____

Pastor or Ministers Telephone Number: _____

State Directors Approval: _____ Date: _____

(STATE DIRECTORS SIGNATURE)