Oswego Softball Tournament Roster

Team Name:_____ Note: You may hand-carry this to the field - turn in one hour before your first game

Manager: _____ Assistant Manager: _____
Address: _____ Address: _____
City: _____ City: _____
Phone: _____ Phone: _____
Email: _____ Email: _____

Note: Please print player information clearly. All players play at their own risk.

Name	Street Address	City		Phone	Email

Please keep a copy of your roster

This Registration form may be hand carried to the field and turned in before your first game.