Team Roster Form

Sacred Heart Booster Club

Fast-Pitch Softball Tournament

Bill Burke Park – Salina, KS

Mark which day(s) you are registering for:

☐ ***May 16, 2009***

☐ ***May 17, 2009***

Age Division (mark one): ☐ 9-Under Machine Pitch ☐ 8-Under ☐ 10-Under ☐ 12-Under ☐ 14-Under

Team Name: _____

Head Coach/Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone:
E-mail: _____

TEAM ROSTER		
Number	**Player**	**Birth Date**

Make Check Payable to: Sacred Heart Booster Club

Send form and check to:
Clint Newton
436 Queens Rd
Salina , KS 67401 email: newtonsports@cox.net

Tournament will be A.S.A. sponsored; each team must have an A.S.A. membership paid before start of tournament.