

Sport: WSMR Softball League

Dates: Tuesdays and Thursdays

Times: Game 1: 1700 / Game 2: 1800

Cost: \$50 Per Team

TEAM NAME:

TEAM ROSTER

Coach / Point of Contact (POC)		Phone Number	Email Address	Time Perfered
	Name (print legibly)	XXX-XXX-XXXX	xxxxx.x.xxxxx@mail.mil	1700 or 1800
1				
2				
Team Member		Phone Number	Email Address	Remarks
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

All personnel listed on this roster/participation form are eligible IAW AR 215-1 and Bell Gymnasium's SOP'S.



