

CHURCH OF CHRIST
MEN'S
SOFTBALL
Tournament



TEAM _____ PHONE _____

COACH _____ EMAIL _____

CHURCH TEAM ROSTER

NAME (PRINT PLEASE)

1. _____
2. _____
3. _____
4. _____
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15. _____
16. _____
17. _____
18. _____

ATTENTION!!

TO HELP MAKE THIS AS LEGITIMATE OF A CHURCH OF CHRIST MEMBER TOURNAMENT AS POSSIBLE, WE ARE REQUIRING THAT THE ROSTER OF EACH ENTERED TEAM MUST BE REVIEWED AND SIGNED BY THE ELDERS OF EACH CONGREGATION.

ELDER SIGNATURES

MINIMUM OF 2 REQUIRED

GAME DAY ROSTERS MUST MATCH THIS MASTER COPY.

OUTREACH PLAYER

1. _____