

2025 SEDALIA PARKS & RECREATION SUMMER SOFTBALL ROSTER FORM

TEAM NAME: _____ Captain: _____
 League Request: _____

Address: _____
 _____ Street _____ City
 _____ Zip

Phone: (C) _____ (H) _____ Email: _____

| Name | Street Address (Optional) | City, State, Zip (Optional) | Phone # (MANDATORY) |
|------|------------------------------|--------------------------------|---------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |
| 16 | | | |
| 17 | | | |
| 18 | | | |
| 19 | | | |
| 20 | | | |
| 21 | | | |
| 22 | | | |
| 23 | | | |
| 24 | | | |
| 25 | | | |

Manager's Signature: _____ Date: _____ Early or Open
 Registration: _____ League Fee \$: _____