2025 SEDALIA PARKS & RECREATION FALL SOFTBALL ROSTER FORM

TEAM NAME: _____ **Captain:** _____ **League Request:** _____

Address: _____ **MO** _____
Street City Zip

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

Name	Street Address (Optional)	City, State, Zip (Optional)	Phone # (MANDATORY)
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Manager's Signature: _____ **Date:** _____ **Early or Open Registration:** _____ **League Fee $:** _____