

**2026 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 \$: \_\_\_\_\_