

**CARPINTERIA VALLEY GIRLS SOFTBALL LEAGUE
TOURNAMENT ROSTER**

Check box to indicate division for which this roster is to be used:

8U

10U

12U

14U

League Name _____ Address _____ City _____

Insurance Co. _____ Policy # _____

Players Full Name	Birthdate	Street Address	City	Zip

As a representative of the above named league, I will comply with the Rules and Regulations governing tournament play as set forth by the Carpinteria Valley Girls Softball League, and will abide by the decisions of the Tournament Director in all matters relative to the interpretation of those Rules and Regulations.

Managers Name: _____

Address: _____

Phone: _____ Cell Number During Tournament: _____

<i>For League Use Only:</i>	<i>Initial:</i>
ASA cards provided for each player:	
Proof of League Insurance provided:	
Payment Received:	