

NORTH CAROLINA AMERICAN LEGION LADYPITCH SOFTBALL TEAM ROSTER 20__			
Team	Post Name	Phone	Area
Coach Name	Address	Phone	Email
1)			
2)			
3)			
4)			
Player Name	Address	Age / Grade	DOB
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
13)			
14)			
15)			
16)			
17)			
18)			
19)			
20)			
21)			
22)			

Head Coach Signature \_\_\_\_\_ Date \_\_\_\_\_

\$10 Player Participation Fee Amount \_\_\_\_\_ Check # \_\_\_\_\_

Send To:  
 American Legion Department of North Carolina  
 PO Box 26657  
 Raleigh, NC 27611