

MID-IOWA GIRLS' SOFTBALL
P.O. BOX 65074
West Des Moines, IA 50265

TEAM ROSTER

Please fill in or type legibly

COACHES (Head coach #1)	MAILING ADDRESS - INCLUDE ZIP CODE		PHONE #
1.			
2.			
3.			
TEAM NAME:		AGE DIVISION: ROOKIE 8U 10U 12U 14U 18U	
PLAYER NAME	AGE	DATE OF BIRTH	EXTRA INFO
1.			
2.			
3.			
4.			
5.			
6.			
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10.			
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19.			
20.			

Please remember, teams and players are responsible for their own insurance.

All forms can be downloaded at the MIGS website:
<http://migsoftball.org>

Please also send one e-mail address to c.reifert@mchsi.com.
One e-mail address is required per team, but more than one address may be included if desired by each team.