

Team Roster

Playing season_2009_____

The undersigned player acknowledges, agrees and understands all the provisions on the front side of this contract (Please PRINT information clearly)

	LAST	FIRST	DOB (mm/dd/yy)	age	PHONE	ADDRESS	CITY	ZIP	EMAIL	signature
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Age: As of 12/31 of playing season year

**Managers Affidavit: To the best of my knowledge, I guarantee the above players signed the roster in my pressence and the information is factual. We further agree to abide the the SASSL rules and p
All Rosters must be signed by the players.**

Team Managers printed Name

Team Manager's Signature