

Official Roster

Team Name: _____ Age **A - B - C**

NAFA North American Fastpitch Association City/State: _____ Year: _____

NAFA Membership Number: _____ **Year:** _____

	Player's Name	Address	City/State	ZIP	Phone	Date of Birth*
1						
2						
3						
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17						
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20						

*Jan 1 of current year – NAFA age cut-off date.

Team Personnel

	Name	Address	City/State	ZIP	Phone
Head Coach:					
Coach:					
Coach:					
Coach:					

Head Coach email: _____ Name: _____