



**Twin Cities Softball League- Niceville Recreation Department  
2009 Official Roster**



**Team Name:** \_\_\_\_\_

**Check One:**                      Men ( )   Women ( )   Church ( )   Over 40 ( )   CO-ED ( )

	Last Name	First Name	Address/Phone	ck if NR
1				
2				
3				
4				
5				
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11				
12				
13				
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15				

**Managers Name** \_\_\_\_\_ **Alternate Contact** \_\_\_\_\_

**Managers Address** \_\_\_\_\_

**Phone (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_ **Email** \_\_\_\_\_

**Team Managers Signature** \_\_\_\_\_