

AGE GROUP 50 55 60 65 70 75
CIRCLE ONE

**Northern California Senior Softball Association
NCSSA OFFICIAL ROSTER FORM**

revised Jan 2007

Team Name: _____
Manager: _____
Address: _____
City, State, Zip: _____
Team E-mail: _____
Home Phone: _____ **Work Phone:** _____ **Cell:** _____
Alternate Contact: _____ **Phone:** _____

This space to be used to place an association card when making copies

	PLAYER	ADDRESS-CITY-STATE-ZIP	DATE OF BIRTH	AGE
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