Enter Team Name:

Jers	Player Name		Grad	Positions			Bat	Throw			Phone	DOB	Academics			NCAA	If committed
#	Last	First	Year	1	2	3	R/L	R/L	City	ST	#	MM/DD/YY	GPA	ACT	SAT	Reg?	College Name

Team Manager/ Coaches Information

Last Name	First Name	Email Address	City	ST	Zip Code	Phone Number	

This Section below reserved for College Coaches Notes

To submit completed team roster, save this form, fill it out, and email to
robert@starsovertxsoftball.com