

NORTH GEORGIA GIRLS SOFTBALL LEAGUE

2010

Association: _____ Age / Division: _____

Head Coach: _____ Home #: _____ W or Cell #: _____

Address: _____ City: _____ State: _____ Zip: _____

Head Coach E-mail: _____

Assistant Coach: _____ Phone: _____

Team Name: _____

PLAYER'S NAME

ADDRESS

BIRTHDATE

SCHOOL

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

I confirm that the above team of players was drafted according to the drafting guidelines of the North Georgia Girls Coach-Pitch Softball League.

Association Softball Commissioner

Date: _____

North Georgia Girls League Representative