LAKE ELSINORE LITTLE LEAGUE

Please email back to: c.farson@lellbaseball.org

2024 SOFTBALL TOURNAMENT FUNDRAISER

ROSTER SHEET

TEAM NAME

TOTAL # OF MEN		_____ Conf.
TOTAL # OF WOMEN		_____ TOTAL
TOTAL # OF PLAYERS	0	_____ Conf.

$

_____ Conf.

	FIRST NAME	LAST NAME	M / F	SHIRT SIZE	FULL DOB mm/dd/yy	AGE	$ FEE PAID	SIGNED WAIVER	PHONE #	DIVISION & TEAM ASSOCIATED WITH (OR OUTSIDE PARTICIPANT)
MGR										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										