Official Roster

Team Name: _____ Age Group: _____ Revised Date: _____

Ifa Independent Fastpitch Association City/State: _____ Div: A or B or C (Circle ONE)

ifa Membership Number:_____ Year: 2008-2009

PLEASE PRINT NEATLY!

#	Player's Name	Address	City/State	Zip	Phone	DOB

*Jan 1 of current year – *ifa* age cut off date.

Team Personnel

	Name	Address	City/State	Zip	Phone
Head Coach:					
Asst. Coach:					
Asst. Coach:					

Email: _____ Name: _____