

JUNEAU SOFTBALL ASSOCIATION TEAM ROSTER

Team Manager: _____ Alternate Manager: _____
 Phone Contacts: _____ Phone Contacts: _____
 E-mail Address: _____ E-mail Address: _____

Print or Type Name	E-mail Address	Day Phone	Eve Phone
1			
2			
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Manager/Alternate Manager: I will read and transmit the league rules to the members of my team and agree that my team will abide by said rules. I will be the official contact between the Juneau Sports Association and the members of my team. I agree that my contact information will be public information.

Manager Signature: _____ Alternate Signature: _____
 Please check here if manager is a non-player

Team Name _____ Men's Women's Co-ed

MEN'S/WOMEN'S TEAMS:

Check box if your team would prefer to play a doubleheader one night each week?

REGISTRATION – JSA USE ONLY

Number of players registering: _____ **x \$50 = Total Player Fees \$** _____

Team Fee \$ _____

Total Received \$ _____

JUNEAU SPORTS ASSOCIATION – TEAM CLASSIFICATION

This information will be used by the JSA Divisional Board to classify your team.

TEAM NAME: _____

❶ Is this a new team? Yes No (If yes, skip to #7)

❷ Team Name last year: _____

❸ How many players from last year's team are returning this year? _____

❹ Compared to last year, how good is this year's team? Better Same Worse

❺ How many years has the core (5+ players) played together? 1-3 4-6 7-9 10+

❻ What was your team classification last year? C D E F G

❼ Team classification desired this year? C D E F G

❽ Please list below players who are playing on the team this year who played for a different team last year:

Player's Name\Email Address

Team Name Last Year

❾ Other comments or information the Divisional Board should take into consideration for classification:

❿ Are there any dates that your team will **NOT** be available to play this season, so JSA can try to schedule around these conflicts?

① _____

② _____

③ _____