

NATOMAS SOFTBALL LEAGUE ROSTER

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	Name	Street Address	City	County	Zip	Day Phone	Home Phone
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

	Name	Address	City	County	Zip	Day Phone	Home Phone
Team Manager							

Team Name

Night Playing

Division

Total Fees	Received By

TEAM MANAGER E-MAIL ADDRESS: _____

Credit Card Payment:
 Amount Paid: _____

Name (As it appears on card): _____
 Credit Card (Please check box): VISA MASTERCARD Credit Card #: _____
 Card Expiration Date: ____ / ____ (mm/yy) / 3 Digit Verification Code (Back of Card-Last 3 numbers): _____