SCMAF SOFTBALL   **Year:** _____

SCMAF Softball Tournament Add-Drop Form
All information noted by an asterisk (*) is mandatory and will be kept confidential.

Team Name*	Manager*
Division (Men, Women, COED)*	Tournament Date*

Add Players Here

All roster changes must be submitted in advance before a new player can be eligible. Any number of players may be added or dropped up 2:00pm the day before the first game of the tournament, but may not exceed the roster limit (16).

Please write legibly.

	First Name*	Last Name*	Birth Date*
1)			
2)			
3)			
4)			
5)			

Drop Players Here

	First Name*	Last Name*	Birth Date*
1)			
2)			
3)			
4)			
5)			

_____

Manager's Signature & Date*   Staff's Initial & Date