

**WAKULLA COUNTY PARKS AND RECREATION
ADULT SOFTBALL ROSTER**

TEAM NAME _____ DATE _____
MANAGER'S NAME _____ PHONE _____
ADDRESS _____ EMAIL _____
CITY _____ ZIP _____

REGISTRATION FEE PER TEAM \$ _____ Receipt # _____

PLAYER'S NAMES	ADDRESS	PHONE NUMBERS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____
21. _____	_____	_____
22. _____	_____	_____
23. _____	_____	_____
24. _____	_____	_____
25. _____	_____	_____

**IT IS THE MANAGER'S RESPONSIBILITY TO VERIFY THAT ALL
INFORMATION IS CORRECT AND TO INFORM THEIR PLAYERS OF ALL
WCPRD RULES AND REGULATIONS GOVERNING THE SOFTBALL LEAGUE.**

**WAKULLA COUNTY PARKS AND RECREATION
79 RECREATION DRIVE
CRAWFORDVILLE, FLORIDA 32327
PHONE: 850-926-7227 FAX: 850-926-1083
Website: mywakulla.com
Game Rainout / Cancellation # 841-GAME**