



ONTARIO RURAL SOFTBALL ASSOCIATION TEAM ROSTER

" Where Real Amateurs Play For The Fun Of It "



CENTRE: _____ TEAM NAME: _____ DIVISION: _____ CLASSIFICATION: _____

Please Print using Black Pen

	M/F	Date of Birth <small>(mm/dd/year)</small>	Surname	First Name	Address	Town/Village	Postal Code	Home Phone	Players Signature	Team Played for last year
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17										
		Cell #	Surname	First Name	Address, City	Postal Code	NCCP Cert#	Home Phone#	Signature	E-Mail
Manager										
Coach										
Coach										
Contact										

League Secretary's Signature _____ Date _____ O.R.S.A. Secretary's Signature _____ Date _____

Does Your Team Wish Insurance? Liability: Yes or No Accident: Yes or No PROOF OF INSURANCE MUST BE PROVIDED AT TIME OF REGISTRATION

NOTE: Please return all 3 parts of this Form along with one copy of each player's proof of eligibility:
Birth Certificate required for Minor Aged Players or Proof of Residency required for Junior and Intermediate Players

WHITE COPY: O.R.S.A. SECRETARY - CANARY COPY: LEAGUE SECRETARY - BLUE COPY: TEAM