

# *Guns & Hoses Softball*

Tournament Name: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>**This team roster must be fully completed and returned with a check for <i>\$315</i> to ensure registration.</b></p>	<p><i>Please Mail <u>Roster</u> &amp; <u>Check</u> to:</i>  <b>GUNS &amp; HOSES SOFTBALL</b>  <b>3553 A - Atlantic Ave. # 626</b>  <b>Long Beach, Ca 90807</b></p>
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***Team Name:*** \_\_\_\_\_

	<i>PLAYER NAME</i>	<i>AGENCY</i>
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\*\*\*All teams must have the contact Names, emails, & Cell #'s below.\*\*\*

***Email Addresses are Required to receive email of Pool Play schedule:***

Team Manager \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

Asst. Manager \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_