# REGION RUMBLE TOURNAMENT ROSTER

***HAND WRITTEN ROSTERS WILL NOT BE ACCEPTED****

| Town | Age Group | League President Name | President Phone # |
|---|---|---|---|
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| **Manager Name** | **Manager Phone #** | **Manager Cell Phone #** | **E-Mail Address** |
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| **Coach Name** | **Coach Phone #** | **Coach Cell Phone #** | **E-Mail Address** |
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| **Team Mom Name** | **Team Mom Phone #** | **Team Mom Cell Phone #** | **E-Mail Address** |
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| **Player Name & Uniform #** | **Player Date of Birth** | **Travel Ball Player Y or N** | **E-Mail Address** |
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In the event of scheduling / field changes parents will be notified via rainedout.com. Schererville Crossroads.
Team Roster, proof of insurance and registration check MUST be brought to the managers meeting.
Checks should be made payable to Schererville Girls Softball