

2024 STATE & AREA SOFTBALL TEAM REGISTRATION & ROSTER (ONE PER TEAM)

- Attending Area Only Area Tournament Attending: NE SE BH
 Attending Area & State

Name of Delegation: _____

Head of Delegation (Level 2 Certified): _____

Team Name or Number: _____
(Limit of 10 characters)

Select one

- Junior Team (15 under) Senior Team (16 over)

Select one

- Slow Pitch Team Competition (No Tee Ball hitters allowed)
 Coach Pitch Competition (Tee hitters mark below)
 Tee Ball Competition
 Unified Team Competition (Unified partners mark below)

Select one (Only for Unified Teams)

- Player Development Team (Skill level of Athletes & UP is not equal)
 Competitive Team (Skill level of Athletes and UP is equal)

<u>ATHLETE NAME:</u>	Coach Pitch Tee Hitter	X Unified Partner	M/F:	AGE:
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____
16. _____	_____	_____	_____	_____

Level 2 Certified Head Coach: _____

Coaches 1. _____ 2. _____