

NORTH DAKOTA AMATEUR SOFTBALL ASSN OFFICIAL ROSTER REVISION FORM (FOR DROPS ONLY)

LEAGUE NAME _____ Date of Changes: _____, 201__.

DIVISION: (Circle categories) Men's Women's Slow Pitch Fast Pitch

A. TEAM NAME _____ B. TEAM NAME _____

- | | |
|-------------|-------------|
| <u>DROP</u> | <u>DROP</u> |
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |

C. TEAM NAME _____ D. TEAM NAME _____

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |

E. TEAM NAME _____ F. TEAM NAME _____

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |

Completed Roster Revision Form will be the only means of changing roster. This form must be turned in to the League Rep no later than Monday of each week in order to have the revised roster in Team's possession by that weekend.

LEAGUE REPRESENTATIVE OR COMMISSIONER _____ DATE _____
REV. 3/2002