

UNIFIED SOFTBALL TEAM ROSTER

TEAM: _____

COACH: _____

Daytime Phone: _____ Evening or Cell Phone: _____

ATHLETE

PARTNER

- | | |
|-----------|-----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |
| 6. _____ | 6. _____ |
| 7. _____ | 7. _____ |
| 8. _____ | 8. _____ |
| 9. _____ | 9. _____ |
| 10. _____ | 10. _____ |

Maximum roster – 20 per team.

Fax Back to Casie Rhodes-Director of Sports and Training

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