



**Women's Division  
Official 2007 Roster**

<b>Member Association</b>
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<b>Team Name</b>
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<b>Team Classification</b>
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D

	Individual Player Classification (A, B, C, D)	Name (Print)	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
	Coach		
	Manager		

**I hereby certify that each individual listed above meets all eligibility requirements of the NAGAAA Women's Softball Division as specified in the Bylaws, Codes and Procedures and is also a member in good standing in our local league.**

**Local League Commissioner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_