

MANAGERS please complete your team roster in a Word format only, then print a copy of your completed roster and have each member of your team sign it. Mail completed roster to NLWSL, P.O. Box 29379, Brooklyn Center, MN 55429 along with ONE CHECK payable to the NLWSL for the player fees. Make sure it is postmarked on or before May 17th, 2009 AND e-mail your completed roster file to the Commissioner on or before May 17th, 2009 to avoid fines.

**Players only need to fill in the Last Team Played for and ASA class box if they are new to your team this season.*

TEAM NAME _____ ASA
 CLASSIFICATION _____

We, the undersigned, agree not to hold Northern Lights Women’s Softball League, Inc. liable as a result of injury sustained while participating in the Northern Lights Women’s Softball League, Inc. and League sponsored events.

	<u>NAME</u> (first then last)	<u>ADDRESS</u>	<u>CITY</u>	<u>ZIP</u>	<u>Last Team Played for and ASA class*</u>	<u>SIGNATURE</u>
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