

*LaGrange College Intramurals  
Softball Roster Form*

**Team Name:** \_\_\_\_\_

**Team's Contact Person:** \_\_\_\_\_

**Contact Person's Phone #:** \_\_\_\_\_

**Contact Person's Email:** \_\_\_\_\_

<u>Name</u>	<u>Sex</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____