*KHSAA Form*
*SB107*
*Rev.4/07*

# KHSAA TEAM ROSTER INFORMATION FORM

*(Please Check Appropriate Sport)*

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| **SLOW PITCH** | **MAY 7** | **REGION** | | | | | | | |

*(Please Type or Print)*

| | | | |
|---|---|---|---|
| **Head Coach:** | | **Superintendent:** | |
| **Work Phone:** | | **Principal:** | |
| **Fax:** | | **Athletic Director:** | |
| **Home Phone:** | | **Enrollment (9-12):** | |
| **Mascot Name:** | | **Colors:** | |
| **Asst. Coaches:** | | | |
| **Support Staff:** | | | |

**TEAM ROSTER (Please Put In Numerical Order)**

| No. | Name | Ht. | Wt.* | Bats | Throws | Pos. | Yr. |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**-not requested for fast or slow pitch softball - Additional Information Will Be Requested Should You Advance To The State Tournament.*