City of Revere Adult Co-ed Softball League
Team Roster

Team Name: _____

Name	Address (Street and Town)	Cell Phone	Date of Birth

*Teams must have at least 4 female players in the lineup as all times.

Team Captain: _____ **Email**: _____

Credit Card #: _____ **Expiration**: _____ CVV code: _____

If captain is unavailable please call (select name from roster above): _____