

OFFICIAL SAYSI TOURNAMENT ROSTER Circle Tourney Date Registering For: 4/16 5/7 6/18	SAYSI 140 N. 5th Salina, KS 67401
--	---

Team Name:	Manager:
------------	----------

Address:	Home Phone:
----------	-------------

E-mail Address:	Work Phone:
-----------------	-------------

Name (Mandatory)	Address	City. St.. Zip	Age	Birth Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

Circle Division Playing In				Method of Payment	
Softball		Baseball		Check _____ (payable to SAYSI)	
8U Coach Pitch		14 and Under			Baseball
9U Mod		13 and Under			10 and Under
10 and Under		12 and Under		9U Mod	Cash _____
12 and Under		11 and Under		8U Machine	
14 and Under					
				Sorry, credit cards not accepted.	