



knights of Columbus

NATIONAL SOFTBALL ASSOCIATION

MAIN REGISTRATION FORM (OFFICIAL ROSTER)

TEAM: _____ COUNCIL: _____ # _____

By signing this roster, we, the players, agree to play in this tournament at our own risk. I do hereby for myself and my heirs release and discharge any and all rights and claims for damages which I may have to which may here-after accrue to me against the Host Council or National K of C Softball Tournament or its or their respective officers, agents or representatives for any and all damages which may be sustained and suffered by me in connection with or entry and/or arising out of my traveling to, participation in, and returning from this tournament.

Name of Player (print or type)	Player Signature	K of C Membership Number	Player E-Mail address
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

I certify that the above players are K of C members in good standing.

Financial Secretary: _____ Date: _____

Manager's Name: _____ E-mail _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____