CITY OF DOVER PARKS & RECREATION 20____ SLOW PITCH SOFTBALL PLAYOFF ROSTER

Team Name: _____

PLAYOFF ELIGIBLE PLAYERS:

Roster Player Name (Please Print)	# of League Games Played In	Roster Player Name (Please Print)	# of League Games Played In

As the manager of the above team, I do hereby state that the players I have listed above have played the required minimum number of league games (8) to be eligible for the Playoffs. I further understand, that should I misrepresent any games played, I, as manager of record, will be suspended from <u>ALL</u> City of Dover Parks & Recreation programs for one calendar year.

MANAGER – PRINT NAME	MANAGER SIGNATURE			DATE
PLAYOFF INELIGIBLE PLAYERS	# of League			# of League
Roster Player Name (Please Print)	Games Played In		Roster Player Name (Please Print)	Games Played In

This Roster Form must be completed and signed by team manager and returned to Steve Pickering no later than 4:30 p.m., July _____. Failure to return by due date will result in team being declared ineligible for Playoffs. NO EXCEPTIONS.