CCS SOFTBALL TEAM INFORMATION/ROSTER

(DUE TO CCS BY MAY 1)

California Interscholastic Federation
Central Coast Section
Governance of H.S. Athletic Programs from San Francisco to King City

SCHOOL NAME_____

IN ORDER TO BE INCLUDED IN THE CCS OFFICIAL SOFTBALL PROGRAM, THIS COMPLETED FORM MUST BE ***RECEIVED IN THE CCS OFFICE BY MAY 1.***

DIVISION: I II III **PRINCIPAL:** _____

SCHOOL MASCOT: _____ **ATHLETIC DIRECTOR:** _____

SCHOOL COLORS: _____ **Athletic Office phone:** _____

ENROLLMENT: _____ **Coach Home Phone:** _____

HEAD COACH: _____ **e-mail:**_____

ASSISTANT COACHES: _____

VARSITY PLAYER INFORMATION

- Please TYPE OR PRINT neatly so names will be spelled correctly in the program
- Please list in numerical order

NO.	NAME (first, last)	POSITION	YR IN SCHOOL

This team roster form is due to the CCS Office by May 1st!

FAX 408-224-0476 or via e-mail to: hjensen@cifccs.org