

YEAR 2026

GREATER KEENE MEN'S SOFTBALL ASSOCIATION LEAGUE ROSTER/WAIVER

TEAM NAME _____ LEAGUE/DIVISION _____ HOME FIELD _____

*MANAGER _____ HOME PHONE _____ WORK/MOBILE PHONE _____

MANAGER'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____ (needed for make-up information)

ALTERNATE CONTACT _____ HOME PHONE _____ WORK/MOBILE PHONE _____

Sponsor Name (Maximum of 1 for voting purposes) _____

League Use
 Player's Fee - \$75
 Sponsor Fee - \$700

 Total Fees = \$ _____

	Paid Fee	Print Player Name	Player Address	Date of Birth	Phone Number	Player's Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

****Playing Manager MUST sign roster. Rosters must be legible. Illegible rosters will not be accepted. \$35.00 fee for returned checks****