Sacramento Valley Gay & Lesbian Softball Team Roster & Ratings Form

TEAM NAME:			**Choose Appropriate Division:**
Manager's Name:		Coach's Name:	**C ☐ D1 ☐**
Manager's Phone:		Coach's Phone:	**D2 (Rec) ☐**
Manager's Email:		Coach's Email:	TEAM: 0

Please refer to the NAGGAA Player Rating Guidelines as provided by SVGLS for instructions. Enter "1" for YES or "0" for NO

	Print Player's Name			City Of Declaration	Jersey #	Throwing					Fielding-Catching				Fielding-Hit Balls					Base Running				Hitting				Hitting - Running					Rating	Player's Email	D.O.B. mm/dd/yyyy	Player's Signature*
	First	MI	Last			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27				
1.																																0			
2.																																0			
3.																																0			
4.																																0			
5.																																0			
6.																																0			
7.																																0			
8.																																0			
9.																																0			
10.																																0			
11.																																0			
12.																																0			
13.																																0			
14.																																0			
15																																0			
16																																0			
																											Team Rating Total					0			

* By signing, player acknowledges that the above information is correct and that they have read and agree to the SVGLS Membership Contract.

_____ Coach/Manager Signature

_____ Vice Commissioner's Signature