

Bring or Mail to:  
 Athletic Office or Kiest Softball Complex  
 8100 Doran Cr. 3012 S. Hampton  
 Dallas, TX 75238 Dallas, TX 75224



**Texas Amateur Athletic Federation**  
**Official Team Roster Form**

**Region**                      **City**                      **Sport**                      **Division**                      **Team Name**

NOTE: Each player, parent/guardian and team manager should read the statements on Page 2 before completing and signing this roster.

PRINT OR TYPE PLAYER'S NAME	PLAYER'S SIGNATURE	BONAFIDE RESIDENCE (STREET, CITY, STATE, ZIP)	PHONE	Date of Birth	PARENT'S-GUARDIAN SIGNATURE (ONLY if player is minor)
1.					1.
2.					2.
3.					3.
4.					4.
5.					5.
6.					6.
7.					7.
8.					8.
9.					9.
10.					10.
11.					11.
12.					12.
13.					13.
14.					14.
15.					15.
16.					16.
17.					17.
18.					18.
19.					19.
20.					20.
1. TOURNAMENT DRAFTS ONLY					1.
2. TOURNAMENT DRAFTS ONLY					2.
3. TOURNAMENT DRAFTS ONLY					3.

**TEAM MANAGER'S GUARANTEE:** Each manager should read the statement on Page 2 before completing and signing this roster.

_____ Manager's Name (Print)			_____ Signature of Team Manager		_____ Signature of Local T.A.A.F. Representative		_____ Date	
_____ Manager's Address (Print)			_____ Home Phone      Business phone		_____ Phone		_____ Signature of Regional Director or Regional Tournament Director (if applicable)	
City	State	Zip	_____ E-mail address					