

**2010 SOUTH CAROLINA SENIOR SPORTS CLASSIC
TEAM ROSTER**

PLEASE TYPE OR PRINT ALL INFORMATION OR IT WILL NOT BE ACCEPTED

EVENT: ___ Basketball (max. Roster 10) ___ Softball(max. Roster 20) ___ Volleyball (max. roster 15)
 (max. out of state-3) (max. out of state-5) (max. out of state-4)
(Out of state athletes must fill out a SC Registration form and pay required fees)

AGE/GENDER DIVISION: ___ Women 50+ ___ Men 50+
 ___ Women 55+ ___ Men 55+
 ___ Women 60+ ___ Men 60+
 ___ Women 65+ ___ Men 65+
 ___ Women 70+ ___ Men 70+

TEAM NAME _____
(South Carolina must be in the team name, written or abbreviated)

TEAM CAPTAIN

FIRST NAME: _____ LAST NAME: _____ DOB: ___ / ___ / ___

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: ___ / ___ / ___ CELL PHONE: ___ / ___ / ___

WORK PHONE: ___ / ___ / ___ E-mail: _____

TEAM MEMBERS

NAME	ADDRESS (STREET/CITY/STATE/ZIP)	PHONE	DOB/AGE
1. _____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
2. _____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
3. _____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
4. _____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
5. _____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
6. _____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
7. _____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
8. _____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
9. _____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
10. _____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
11. _____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
12. _____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
13. _____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
14. _____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
15. _____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
16. _____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
17. _____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
18. _____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
19. _____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
20. _____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____

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MAIL COMPLETED ROSTER AND REGISTRATIONS BY APRIL 1, 2010, **Softball March 15th**, TO:

Carl Hust, SCSSC, P.O. Box 1812, Irmo, SC 29063 or FAX (803) 772-9268

Contact Carl Hust at (803) 772-0363 for information concerning team matters.

Rosters postmarked after April 1, 2010 will not be accepted!

Softball Rosters must be Postmarked by March 15th, Tournament April 10th at Mount Pleasant, SC