



FLORIDA HALF CENTURY AMATEUR SOFTBALL ASSOCIATION

01/10/2024

PERMANENT ROSTER

PERMANENT ROSTER

Team Name _____	Email Address _____
Team Contact _____	Home Phone _____
City, State, Zip _____	Work Phone _____
Address _____	Cell Phone _____

Division: 50s 60s 65s 70s 74s 79s

1 # _____	Player Name _____	Phone _____	FHC # _____
	Address _____	City, State, ZIP _____	
2 # _____	Player Name _____	Phone _____	FHC # _____
	Address _____	City, State, ZIP _____	
3 # _____	Player Name _____	Phone _____	FHC # _____
	Address _____	City, State, ZIP _____	
4 # _____	Player Name _____	Phone _____	FHC # _____
	Address _____	City, State, ZIP _____	
5 # _____	Player Name _____	Phone _____	FHC # _____
	Address _____	City, State, ZIP _____	
6 # _____	Player Name _____	Phone _____	FHC # _____
	Address _____	City, State, ZIP _____	
7 # _____	Player Name _____	Phone _____	FHC # _____
	Address _____	City, State, ZIP _____	
8 # _____	Player Name _____	Phone _____	FHC # _____
	Address _____	City, State, ZIP _____	
9 # _____	Player Name _____	Phone _____	FHC # _____
	Address _____	City, State, ZIP _____	

10	_____	_____	_____
#	Player Name	Phone	FHC #
	_____	_____	_____
	Address	City, State, ZIP	
11	_____	_____	_____
#	Player Name	Phone	FHC #
	_____	_____	_____
	Address	City, State, ZIP	
12	_____	_____	_____
#	Player Name	Phone	FHC #
	_____	_____	_____
	Address	City, State, ZIP	
13	_____	_____	_____
#	Player Name	Phone	FHC #
	_____	_____	_____
	Address	City, State, ZIP	
14	_____	_____	_____
#	Player Name	Phone	FHC #
	_____	_____	_____
	Address	City, State, ZIP	
15	_____	_____	_____
#	Player Name	Phone	FHC #
	_____	_____	_____
	Address	City, State, ZIP	
16	_____	_____	_____
#	Player Name	Phone	FHC #
	_____	_____	_____
	Address	City, State, ZIP	
17	_____	_____	_____
#	Player Name	Phone	FHC #
	_____	_____	_____
	Address	City, State, ZIP	
18	_____	_____	_____
#	Player Name	Phone	FHC #
	_____	_____	_____
	Address	City, State, ZIP	
19	_____	_____	_____
#	Player Name	Phone	FHC #
	_____	_____	_____
	Address	City, State, ZIP	
20	_____	_____	_____
#	Player Name	Phone	FHC #
	_____	_____	_____
	Address	City, State, ZIP	

Signature of Team Manager _____

PLEASE COMPLETELY FILL OUT THE ABOVE FORM LEGIBLY (TYPING PREFERRED) AND MAIL TO:

Bob O'Brien

4172 Worlington Terrace

Fort Pierce, FL 34947