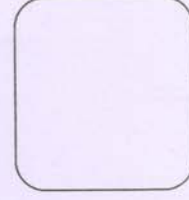
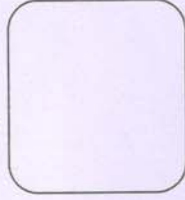


SOFTBALL ASSOCIATION OF INDIA

SCREENING FORM

The following players of Team (Male/Female) with latest photographs shown below each for participation in the All India/Inter Zonal/Federation Cup/National/Zonal/Mini/Sub-Junior/Junior/Senior/Veteran Championship due at from to have been cleared by the Screening Committee of the Softball Association of India.



Sign
 Name
 S/o, D/o
 Address

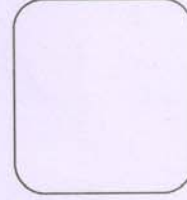
 D.O.B.
 Wt. Ht.

Sign
 Name
 S/o, D/o
 Address

 D.O.B.
 Wt. Ht.

Sign
 Name
 S/o, D/o
 Address

 D.O.B.
 Wt. Ht.



Sign
 Name
 S/o, D/o
 Address

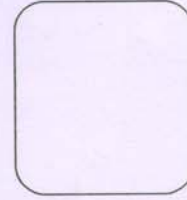
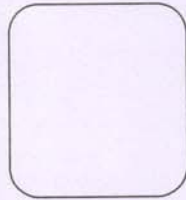
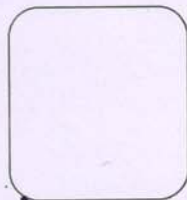
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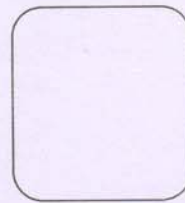
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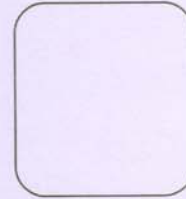
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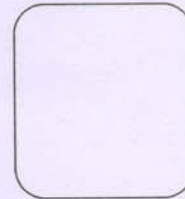
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 Address

 D.O.B.
 Wt. Ht.

Sign
 Name
 S/o, D/o
 Address

 D.O.B.
 Wt. Ht.

Signature of Coach Signature of Coach Signature of Manager

OFFICE USE ONLY

Total Number of Players Cleared
 Coach Coach Manager
 Member S.C. Member S.C. Member S.C.
 Chairman S.C. Date

Secretary
State Softball Association
(Seal & Signature)

SOFTBALL ASSOCIATION OF INDIA

ROSTER FORM FOR PARTICIPATION IN THE SUB-JUNIOR/JUNIOR/
SENIOR/.....ZONE/FEDERATION CUP/INTER ZONAL/ NATIONAL SOFTBALL
CHAMPIONSHIP TO BE HELD AT FROM TO

S. No.	Name (In Capital)	Date of Birth	Playing Position	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
	Name of Manager & Coaches			
19.			Manager	
20.			First Coach	
21.			Second Coach	

Date of Arrival _____ Date of Departure _____

Note :

1. Participating units make use of prescribed screening/eligibility and roster forms only. No self devised format shall be entertained. The prescribed format should indicate full particulars in the relevant columns provided for with neatly and cleanly.
2. Teams should get screening by the manager and the coaches of the team well before the commencement of the matches, teams who are not screen well in time shall not be allowed to play and shall lose their matches on the risks and responsibility of concerned manager and coaches.
3. The manager and coaches shall remain attached to their teams and must be available to be call of the authorized authorities, so that there is no difficulty in delivering the instructions/information of the team.
4. All the eligibility, screening forms should be pasted with latest photographs of the participants, appended with certificate mentioned in eligibility form along with the roster forms. All the forms should be tagged and no lose form shall be accepted.
Contradiction if any on the part of the participation if noticed shall make liable them to disqualification partly or wholly at their risks and responsibility decides officials, if found interfering in screening shall also be liable for disqualification for assignments already interested to them.

Secretary
State Softball Association
(Seal & Signature)

Signature of Team Manager
With Name



RANA GURMIT SINGH SODHI

PRESIDENT

H.No. : 1741, Sect. 4, PANCHAKULA (HARYANA)
Mob. : 098180 05888, 09117225 74960

SHREEKANT THORAT

TREASURER

42, Rambag, INDORE (M.P.)
Mob. : 098273 47015

L. R. MAURYA

SECRETARY GENERAL

325-H, Gali No. 5 Bapa Nagar, Karol Bagh
NEW DELHI, Mob. : 098181 60460

Affiliated to : INTERNATIONAL SOFTBALL FEDERATION & SOFTBALL CONFEDERATION ASIA • Recognised. by : INDIAN OLYMPIC ASSOCIATION & GOVT. OF INDIA

DR. PRAVIN ANAOKAR

C.E.O.

Mobile : 94250 55103

ROSTER FORM FOR PARTICIPATION IN THE SUB-JUNIOR NATIONAL / JUNIOR NATIONAL

SENIOR NATIONAL / FEDERATION CUP/ EAST

ZONE/SOUTHZONE/NORTHZONE/WESTZONE/INTERZONAL / WAITRAIN'S

SOFTBALL CHAMPIONSHIP HELD AT

FROM TO.....

Ref No.

Date

STATE

S.NO	MENS / BOYS	WOMENS / GIRLS
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		

MANAGER SIGN.....

COACH

COACH

DATE OF ARRIVAL

MANAGER..... SIGN.....

COACH

COACH

DATE OF DEPARTURE