

S.T.A.L

Springfield Township Athletic League

2025 REC SPRING LEAGUE ROSTER

TEAM NAME: _____ COMMUNITY: _____

AGE DIVISION: _____

MANAGER'S NAME:					MANAGER'S PHONE NUMBER:		
MANAGER'S EMAIL:							
	PLAYER'S NAME	DATE OF BIRTH	NON-COMMUNITY PLAYER (X) 2 MAX **List the Community**	TRAVEL PLAYER (X) 2 MAX	OPEN ENROLLED (X)		
1							
2							
3							
4							
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11							
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14							
15							