

GWYD DBF
CHEROKEE NATION®



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**61st Cherokee National Holiday
 Slow-Pitch Softball Tournament
 Official Roster**

Men's Team _____

Women's Team _____

TEAM NAME _____ COACH NAME _____

| PLAYER NAME <i>(Please Print Legibly)</i> | PLAYER SIGNATURE | PLEASE MARK WHICH ITEM(S) ARE AVAILABLE | |
|--|------------------|--|------------------------------------|
| | | PHOTO I.D. | OTHER <i>(Please List Item)</i> |
| 1. | | | |
| 2. | | | |
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| 14. | | | |
| 15. | | | |

NOTICE: I hereby certify this roster to be complete and official, and my signature as coach attests that I am well aware no additions or changes can be made after this form is signed by myself and given to the Holiday Softball Committee Staff for finalization. Also, my signature attests that I agree to release the Cherokee Nation (CN), CN employees and agents, Sequoyah High School staff, and the Holiday Softball Committee Staff from liability and responsibility for any and all (includes bodily injury and property damage) claims arising out of my participation in the Cherokee National Holiday Slow-Pitch Softball Tournament.

 COACH SIGNATURE

 DATE

 COMMITTEE SIGNATURE