

Simmons College Dodgeball Tournament Roster

Saturday, April 4, 2009

Holmes Sports Center, Simmons College

TEAM NAME _____

CAPTAIN _____

Last name	First name	School	Birth date	Signature	Date
1.					
2.					
3.					
4.					
5.					
6.					

NOTE: Rosters must contain 100% of players.



**PLEASE RETURN TO THE HOLMES SPORTS CENTER AT
SIMMONS COLLEGE BY SATURDAY, MARCH 28th WITH:**

- **\$30 CASH OR CHECK** (payable to Simmons College)
- **Release form for *each* player named above** (a player without a release form turned in will NOT be allowed to participate)