

**Appendix A**

**2020 IGHS AU STATE SOFTBALL ROSTER**

Date \_\_\_\_\_

**Include players, coaches, managers, etc.**  
**28 MAXIMUM ALLOWED ON PASS LIST**

Players	No.	Name
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____
16	_____	_____
17	_____	_____
18	_____	_____

<b>Head Coach</b>		
1	_____	
<b>Assistant Coaches</b>		
1	_____	
2	_____	
3	_____	
<b>Managers</b>		
1	_____	
2	_____	
<b>Other</b>	<b>Name</b>	<b>Affiliation</b>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
	Head Coach Signature	Cell #
	_____	
	AD Signature	Cell #
	_____	

Please list only the names of individuals who have a legitimate softball related purpose for your team on this roster form. Players, coaches, student managers, bat girls, athletic administrators and bus drivers are permissible to list. Coaches' spouses and/or children who are not serving a softball role for the team should NOT be placed on the PASS LIST.

**EMAIL THIS ROSTER FOR STATE TO [macy@ighsau.org](mailto:macy@ighsau.org) AFTER REGIONAL FINAL GAME. PLEASE BRING A COPY AS WELL TO FORT DODGE FOR TEAM ENTRANCE.**