

**Strathmore & District Slo-Pitch League
SPN Roster Update Form**

Team Name: _____

Team Contact: _____

Player Information (Please Print);

Surname: _____

First Name: _____

Initial: _____ **M/F** _____

DOB: _____
(Month/day/year)

City: _____

Address: _____

Postal Code: _____

Telephone: _____

Signature: _____
(Must be 18 to sign)

**Please scan and email this form back ASAP to: spnab@slo-pitch.com
and include a copy to Strathmore Slo-Pitch for our records
contactus@strathmoreslopitch.com**

**If for some reason you are unable to email then please fax a copy
directly to Slo-Pitch National @ (403) 250-3215**