

# SFAAA OPEN DIVISION

## Ratings Worksheet

Team: \_\_\_\_\_

Date: \_\_\_\_\_

Enter a "Y" (Yes) for "can do", otherwise, leave it blank.

	Players' Name	Total	Throwing					Catching							Running				Hitting									
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
1																												
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18																												

I certify that this roster is free of omission and falsehood, and that all listed players are eligible members of our local team/league.

Required: \_\_\_\_\_  
Manager's signature

Required \_\_\_\_\_  
Commissioner's signature: