

Twelve Step Recovery League -  
TSRL Softball Pick-Up Player Form  
*Failure to complete this form may result in forfeiture of game(s)*

**(1 PLAYER PER FORM)**

Date \_\_\_\_\_

Pick Up Team Name \_\_\_\_\_ Division \_\_\_\_\_

Managers Signature \_\_\_\_\_

Pick Up Players Team \_\_\_\_\_ Division \_\_\_\_\_

Players Name \_\_\_\_\_

Players Signature \_\_\_\_\_