**PHONETIC SPELLING ROSTER**

\*\*Submit this no later than 07.18.2025 to Elizabeth Hisatake at [oregond5da@gmail.com](mailto:oregond5da@gmail.com)

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| --- |
| TEAM: |
| DISTRICT: |
| STATE: |

**NAME PHONETIC SPELLING**

|  |  |  |
| --- | --- | --- |
| Manager & Email/cell #: |  |  |
| Coach & Email/cell #: |  |  |
| Coach & Email/cell #: |  |  |

*Example: Tom Berringer tom bear-in-jer*

Please complete this form for the announcer, turn in to the Tournament Director at your first game.

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| **Uniform#** | **Player’s Name** | **Phonetic Spelling** |
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