Waretown Thunder Softball Club Practice Outline Sheet

Date/Time:	
Team: Waretown Thunder	
Manager/Coaches Present:_	
	of total roster
Absent Players Names:	
1-Time:	
Comments:	
2-Time:	
Comments:	
	Activity:
Comments:	
4-Time:	
Comments:	
5-Time:	
Comments:	
6-Time:	Activity:
Comments:	
Notes:	

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