

ATHLETIC ROSTER- ADULT

 TEAM NAME:
 Employee Name:

Date_____

ROSTER MUST BE SUBMITTED BEFORE FIRST LEAGUE GAME

PLEASE <i>PRINT</i> PLAYERS NAME FIRST, MIDDLE INITIAL, LAST	SIGNATURE	EMAIL ADDRESS	CELL PHONE
1			
2			
3			
4			
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17			
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20			

MANAGERS INFORMATION	SPORT (Check One)	NOTES
NAME	Summer Softball	
ADDRESS	Summer Basketball	
CITY ZIP	□ Fall Softball	
CELL#	□ Fall Basketball	
E-MAIL	Summer Kickball	
ASSISTANT MANAGER	Fall Kickball	
NAME	□ Volleyball	
CELL#	□ Other	
E-MAIL		