



Roster – Team Payment Info

Adult League: Men ___ Women ___ Coed ___

Team Name: _____ Division _____ Age Group _____

Winter _____ Spring _____ Summer _____ Fall _____ Holiday _____

	Name	Cash/Check	Date	Waiver	#	D.O.B.	Phone	eMail
1								
2								
3								
4								
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I certify that the above information is true and correct. Date: _____ Coach Signature: _____

Phone#: _____ Coach Print Name: _____ eMail Address: _____

ROSTER MUST TURNED IN PRIOR TO START OF FIRST GAME. PLAYERS MAY ADDED UP TO 3RD GAME.