



ADULT SPORTS ROSTER

NO REFUNDS WILL BE GIVEN ON ENTRY FEE

TEAM & COACH INFORMATION

Team Name: _____ Days UNABLE to play: _____

Do you want to play in the most competitive division: YES NO

Team's name last season: _____ Coach's Name: _____

Email: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Comments: _____

SPORT

- SOFTBALL
- BASKETBALL
- KICKBALL
- FLAG FOOTBALL
- VOLLEYBALL

LEAGUE

- MEN
- WOMEN
- CO-ED

CLASSIFICATION

- OPEN
- INDUSTRIAL
- CHURCH
- OTHER (SPECIFY) _____

ROSTER NAMES

1. _____	11. _____	21. _____
2. _____	12. _____	22. _____
3. _____	13. _____	23. _____
4. _____	14. _____	24. _____
5. _____	15. _____	25. _____
6. _____	16. _____	26. _____
7. _____	17. _____	27. _____
8. _____	18. _____	28. _____
9. _____	19. _____	29. _____
10. _____	20. _____	30. _____

STAFF USE ONLY

AMOUNT <input type="text"/>	<input type="checkbox"/> CREDIT CARD	NOTES <input type="text"/>
DATE <input type="text"/>	<input type="checkbox"/> CASH	
STAFF <input type="text"/>	<input type="checkbox"/> CREDIT FROM ACCOUNT	