



OFFICIAL ROSTER

ALL AREAS OF THIS FORM MUST BE FILLED OUT COMPLETELY OR IT WILL NOT BE ACCEPTED!

TEAM NAME: _____ **BUSINESS/CHURCH ADDRESS** _____

SPORT: _____ **DIVISION (LEAGUE):** _____ **YEAR:** _____ **MANAGER'S NAME:** _____

MANAGER'S ADDRESS: _____ **PHONE:** _____ ***E-MAIL:** _____

| PLAYER NAME | ADDRESS | ZIP | PHONE |
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DATE: _____ TEAM MANAGER'S SIGNATURE: _____

***ALL SCHEDULES AND CORRESPONDENCE WILL BE SENT VIA E-MAIL.**