



Official Roster

Office Use Only	
Date Submitted:	_____
League Fee Paid:	_____
Players Fees: _____ plyrs x \$15 = _____	
Non-resident fee:	_____
Extra Players:	_____
Total \$	_____
cash _____ ck _____ credit _____	
Received Conduct Form:	_____
Additions	
_____ :\$ _____	
date: _____	
_____ :\$ _____	
date: _____	
_____ :\$ _____	

Team Name: _____

If played last year: Team Name last year: _____ *Division* _____

League: _____ **Division Preference:** _____

Please print the following clearly. If the info changes during the season, call us to update it. It is vital the coach's information is correct in order for teams to receive game changes, cancellations, playoffs, league updates, etc.

Coach/Manager _____ Phone (home) _____ (work) _____

Coach Full Address: _____

street

city

zip

Coach E-mail _____ Can we use this email as our primary communication with you? Yes ___ No ___

Assistant Coach/Manager _____ Phone (home) _____ (work) _____

Assistant Coach Full Address: _____

street

city

zip

REQUESTED DATE RESTRICTIONS:

Players Name	Full Address (street, town)	If non-res paying "work in town" fee: place of employment	Non-resident fee
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			