



ADULT LEAGUE

Team Registration Roster

Type or Print ONLY

FALL _____ 20_____

SPRING _____ 20_____

Team Name	Jersey Color	# of Players by Gender B _____ G _____	Age Group	Team Gender B _____ G _____
-----------	--------------	---	-----------	--------------------------------

Home Association (where team Registers)	Playing Association if Different (where team plays if not Home Assn.)
---	---

Coach etc.	Name (Last Name, First)	Sex	Address	City	Zip	H. Phone ()	W. Phone ()	DOB	Email Address
Coach									
Asst.									
Mgr.									

Name (Last Name, First)	Sex	Jer#	Address	City	Zip	Phone ()	DOB	AGE	E-mail Address
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									

I certify that the above information is true and correct. Signed: Coach _____ Date: _____
 Association Registrar: _____ Date: _____ Coaches License: _____