

Allouez Parks & Recreation Department - 2024 Co-Ed Summer Kickball Team Roster

EMAIL _____

Please Print All Information Neatly

Team Name: _____ Sponsor/Team Fee: Summer \$175 Date Pd: _____ Rcpt #: _____

Mananger's Name: _____ Work/Cell #: _____ Home #: _____

Address: _____ City: _____ ZipCode: _____

Alternate Manager's Name: _____ Phone #: _____ Email Address: _____

Player Name	DOB	Street Address (Address, City, Zip) & E-Mail if Applicable	Phone #
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

As Manager of this team, I certify that all players on this roster agree to play with the above team during the season without holding either the league or the Sponsor responsible for any expense incurred due to injury of any player. I also certify the accuracy of the player's addresses and age.

Team Name Last Year (If different): _____ Manager's Signature _____