

Allouez Parks & Recreation Department - 2024 Softball Team Roster

League: ____ SUMMER OVER 30 (Monday) ____ COMPETITIVE (Wednesday) ____ FUN/REC (Thursday)

EMAIL: _____

Please Print All Information Neatly

Team Name: _____ **Sponsor/Team Fee: Summer \$400** 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** _____