

EMAIL _____

League: _____ Summer Over 30 (Monday)

_____ Fall Coed (Tuesday)

_____ Summer Competitive (Wednesday)

_____ Fall Slowpitch (Wednesday)

_____ Summer Recreational (Thursday)

_____ Fall Slowpitch (Thursday)

Allouez Parks & Recreation Department - 2022 Softball Team Roster

Please Print All Information Neatly

Team Name: _____ Sponsor/Team Fee: Summer \$150/ Fall \$100.00 Date Pd: _____ Rcpt #: _____

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

Address: _____ City: _____ ZipCode: _____

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

Name	DOB	Street Address (Address, City, Zip) & E-Mail if Applicable	Phone #	Player Fees: Summer- \$30 R/\$40 NR Fall- \$25 R/ \$30 NR	Receipt #
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.

Team Name Last Year (If different): _____

Manager's Signature _____