Email Roster

Clear Form

ADULT SPORTS OFFICIAL LEAGUE ROSTER

Team Name: _____ Manager's Name: _____

Manager's Address: _____ City: _____ Zip: _____

Phone: (Day) _____ (Evening) _____ (Cell) _____

Email: _____

Sport: _____ League: _____

NOTE: If you have a non-resident player playing in multiple leagues, please note which team they are paying the Non-Resident for on the roster form below.

TEAM ROSTER

Players' Name (Please Print)	Address (Street, city, zip)	E-mail	Res. Status Yes/No

As manager, I am aware that the above information is correct to the best of my knowledge.

Signature of Team Manager: _____ Date Submitted: _____

NOTE: Any changes to the above must be according to League Policy Manual!