

## ADULT SPORTS LEAGUES REGISTRATION AND TEAM ROSTER FORM Sport (please cirlce): Basketball Softball Volleyball Other:\_\_\_\_ Division (please circle): Men's Women's COED **Team Name: Contact Information** Manager/Coach Name: \_\_\_\_\_ Cell Phone: **Email Address: Players** \*Please note this is not the release of liability waiver Name - Please print Age **Cell Phone Email Address**

FOR OFFICE USE ONLY

DATE:	RECEIVED BY:	AMOUNT RECEIVED: