Official Roster

Team Name: _____

Team Name last year (if played): _____ *Division:* _____

League: COED **Division Preference**:_____

Please print the following clearly. If the info changes during the season, call us to update it. It is vital the coach's information is correct in order for teams to receive game changes, cancellations, playoff information, league updates, etc.
Please note that email is the main form of communication between the Rec Department and teams.

Coach/Manager _____ Phone (primary) _____(secondary)_____

Coach Full Address _____
street city/state zip

Coach Email _____

Assistant Coach/Manager _____ Phone (primary) _____(secondary)_____

Assistant Coach Full Address: _____
street city zip

Assistant Coach Email _____

Please list any schedule restrictions*:

**This is a Sunday-only league. However, makeup games may need to be scheduled during the week/Saturdays to fit games in. Include any restrictions/preferences here.*

Player's Name	Full Address (street, town)	Non-Resident?
1.		
2.		
3.		
4.		
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