# 2025 FALL LEAGUE OFFICIAL ROSTER

**Team Name:** _____

*Team Name last season (if played & different):* _____ *Division:* _____

**League** *(circle one)*: **COED | MEN'S** **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)** _____

**Coach Full Address** _____
*# street* *city/state* *zip*

**Coach Email** _____

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

**Assistant Coach Full Address:** _____
*# street* *city* *zip*

**Assistant Coach Email** _____

**Please list any schedule restrictions*:**

****Coed** 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 above.*

| Player's Name | Full Address (street, town) | Non-Resident? |
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