

ADULT SPORTS OFFICIAL LEAGUE ROSTER

Team Name:		Manager's Name:		
Manager's Address:			Zip:	
	(Evening)		(Cell)	
Email:				
Sport:		League:		
-	player playing in multiple leagues,	please note which	team they are payin	g the Non-Resident
for on the roster form below.				
	TEAM ROS	<u>TER</u>		- Donate Control
Players' Name (Please Print)	Address (Street, city, zip)		E-mail	Res. Status Yes/No
As manager, I am aware tha	t the above information is co	rect 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!