

**DE PERE PARKS & RECREATION DEPARTMENT**  
**2020-2021 ADULT LEAGUE ROSTER**  
**Basketball**

Team Name:		
<input type="checkbox"/> New Team <input type="checkbox"/> Returning Team		
Previous Team Name: (If Applicable)	Previous League/Division: (If Applicable)	Record:
Team Manager:	Address:	
Phone:	Email:	
Assistant Manager:	Address:	
Phone:	Email:	

League Preference	
Check your choice. League competitiveness is listed from most competitive to most recreational.	
<input type="checkbox"/> International	Administration reserves the right to move teams up or down in leagues based on previous year's records to maintain the integrity of the League competition. Teams may also be moved to allow for equal amount of teams in all leagues.
<input type="checkbox"/> National	
<input type="checkbox"/> United	
<input type="checkbox"/> Central	
<input type="checkbox"/> Global	
<input type="checkbox"/> American	
<input type="checkbox"/> Universal	
<input type="checkbox"/> Continental	

Player addresses listed on page 2 are correct and all appropriate fees will be paid. Falsification of a player's address will result in that participant being banned from all Parks, Recreation and Forestry Department activities for one year. Teams will be dropped if they continue to use ineligible players or make a mockery of their games. Players will pay all expenses of repairing or replacing any publicly owned property they are responsible for damaging.

By signing this form, I agree to abide to the athletic league policies and league rules including the ones listed on this form.

Manager Signature: \_\_\_\_\_

Team Name:	League:
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**Fees:      Team Fee \$175/team                  Resident \$28/player                  Non-resident \$48/player**

- Please print only the required information on this roster. Do not calculate the amount of fees due on this sheet.
- Only paid players are to be listed when this form is turned in. **Minimum of 7 with a maximum of 12 players are allowed on roster.**
- Player additions are allowed through the midpoint of your season and must be done a minimum of 24 hours before your next contest.
- If you are registering as a returning team, indicate returning players in first column below.

Return Player	Player	T-Shirt Size	Age	Phone	Address/Zip Code	Res/Non	Fee	Recpt. # (for staff use)
<input type="checkbox"/>	1.							
<input type="checkbox"/>	2.							
<input type="checkbox"/>	3.							
<input type="checkbox"/>	4.							
<input type="checkbox"/>	5.							
<input type="checkbox"/>	6.							
<input type="checkbox"/>	7.							
<input type="checkbox"/>	8.							
<input type="checkbox"/>	9.							
<input type="checkbox"/>	10.							
<input type="checkbox"/>	11.							
<input type="checkbox"/>	12.							
							<b><u>Player Fee Total</u></b>	
							<b><u>Team Fee</u></b>	<b>\$175</b>
							<b><u>Total Paid Upon Registration</u></b>	

As manager of this team, I do hereby certify that there are \_\_\_\_\_ bona fide residents of the City of De Pere. I understand by playing incorrect information on my roster, my team and myself may be removed from league participation.

Manager's Signature \_\_\_\_\_

<b>Office Use Only</b>			
Date Rec'd:	Time Rec'd:	<input type="checkbox"/> New Team <input type="checkbox"/> Returning Team	Staff: