## DE PERE PARK & RECREATION DEPARTMENT ADULT LEAGUE ROSTER - 2020 Softball

Team Name:					
□ New Team □ Returning Team (define ret	New Team ☐ Returning Team (define returning team)				
Previous Team Name:	Previous League:	Record:			
(If Applicable)	(If Applicable)				
Team Manager:	Address:				
Phone:	Email:				
Assistant Manager:	Address:				
Phone:	Email:				

☐ Tuesday	12" Coed Slow Pitch-Legion Park	Coed
☐ Thursday	12" Men's Slow Pitch-VFW Park	Copper
☐ Thursday	14" Men's Slow Pitch-Legion Park	Brass

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. 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 Si	gnature:		
Widinager of	Bilataic.		

Team Name: League:										
	Fees: Team Fee \$230/team Resident \$30/player Non-resident \$50/player									
	<ul> <li>Please <u>print only the required</u> information on this roster. <u>Do not calculate the amount of fees due on this sheet</u></li> <li>Only paid players are to be listed when this form is turned in</li> </ul>									
							e a minimum of 24 ho	urs befo	ore your n	ext game
• 1	f you a	re registering as a	a returning team,	indicate r	eturning players	s in first colu	mn below			
Return			Ţ				/=: a .	Res/	_	Recpt. #
Player		Playei	r Shirt Size	Age	Phone	Addre	ess/Zip Code	Non	Fee	(for staff use)
	1.									
	2.									
	3.									
	4.									
	5.									
	6.									
	7.									
	8.									
	9.									
	10.									
	11.									
	12. 13.									
	14.									
	15.									
	16.									
	17.									
	18.									
	19.									
	20.									
	•		,				Player Fee	Total		
	Team Fee \$230									
						<u></u>	otal Paid Upon Regist	ration		
As manager of this team, I do hereby certify that there are bona fide residents of the City of De Pere listed above. I understand by placing incorrect information on my roster, my team and myself may be removed from league participation.										
Manager's Signature										
Office Use Only         Date Rec'd:       □ New Team       □ Returning Team       Staff:										
Date Rec'd: ☐ New Team ☐ Returning Team Staff:										