DE PERE PARK & RECREATION DEPARTMENT ADULT LEAGUE ROSTER - 2020 Kickball

Team Name:		
□New Team □ Returning Team		
Previous Team Name:	Previous League:	Record:
(If Applicable)	(If Applicable)	
Team Manager:	Address:	
Phone:	Email:	
Assistant Manager:	Address:	
Phone:	Email:	



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 Signature:		
-		

	Team	Name: League:							
	OnlA nPlan	ase <u>print only the rec</u> ly paid players are to ninimum of 10 with a	be listed whe a maximum of wed through t	ation on this ro n this form is t f 20 players ar the midpoint o	curned in e allowed on roste of the season & mu	st be done a minimum of 24 h	n this sheet	r next gai	ne
Returr Player		Player	Age	T-Shirt Size	Phone	Address/Zip Code	Res/Non	Fee	Recpt. (for sta use)
	1.								
	2.								
	3.								
	4.								
	5. 6.								
	7.								
	8.								
	9.								
	10.								
	11.								
	12.								
	13.								
	14.								
	15.								
	16.								
	17.								
	18.								
	19.								
	20.								
						<u>P</u>	layer Fee Total		
							<u>Team Fee</u>	<u>\$130</u>	
						Total Paid Upo	on Registration		
Ī	listed a	_	nd by playing	g incorrect in	formation on m anager's Signatu	bona fide resident y roster, my team and mys			3
	Date R	ec'd:	office Use Only c'd: Time Rec'd: □ New Team □ Returning Team Staff:						