

## 2022-2023 Adult Basketball League Roster & Registration Form

Team Name:						
□ New Team	☐ Returning Team					
Previous Team Name:		Previous League/Division:	Record:			
(If Applicable)		(If Applicable)				
Team Manager:		Address:				
Phone:		Email:				
Assistant Manager:		Address:				
Phone:		Email:				
Leag	gue Preference	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				
	ck your choice.					
•	etitiveness is listed from					
most competi	tive to most recreational.					
☐ International (O)	Administration reserves the right to	continue to use ineligible players or n	nake a mockery of their games.			
☐ National (O)	move teams up or down in leagues	Players will pay all expenses of repair				
☐ United (O) based on previous year's records to		owned property they are responsible for damaging.				
☐ Central (O)	maintain the integrity of the League					
☐ Global (Un)	competition. Teams may also be moved to allow for equal amount of	By signing this form, I agree to abide league rules including the ones listed				
☐ American (Un)	teams in all leagues. Officiated status	league rules including the ones listed	on this form.			
☐ Universal (Un)	may be updated based on staffing.	Manager Signature:				
☐ Continental (Un) (O) = Officiated League						
☐ Women's Division (Un)	(Un) = Un-officiated League					

T	eam I	Name:				League:				
	F6	Please print only the require Only paid players are to be Player additions are allowed If you are registering as a reconstruction.	ed information or listed when this f d through the mic	n this roster orm is turne Ipoint of yo	r. <u>Do not cal</u> ed in. <b>Minin</b> our season ar	culate the amou num of 7 with a d must be done	unt of fees due on this s maximum of 12 playe e a minimum of 24 hou	sheet. rs are allowed on	roster.	•
Return Player		Player	T-Shirt Size	Age	Phone		Address/Zip Code	Res/Non	Fee	Recpt. #
П	1.		Size							(FOI Starr us
	2.									
	3.									
	4.									
	5.									
	6.									
	7.									
	8.									
	9.									
	10.									
	11.									
	12.									
							<u> </u>	Player Fee Total		
				(note tw	o different	fee options de	pending on type of le			
							Total Paid Up	on Registration		
		ager of this team, I do hereby tion on my roster, my team a	· · · · · · · · · · · · · · · · · · ·			articipation.	of the City of De Pere.		aying inc	orrect
					Office Us	se Only				
D	ate Re	c'd:	Time Rec'd:			□ New Team	☐ Returning Team	Staff:		