

TEAM ROSTER FORM (PRINT ALL INFORMATION)

(Please Check One)

TEAM NAME _____

MEN'S COMPETITIVE

WOMEN'S

MEN'S OVER 30

MEN'S OVER 40

PI #	FULL NAME	DOB	ADDRESS	CITY	ZIP	PHONE	INSURANCE COMPANY
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							

COACHES NAME	ADDRESS	CITY	ZIP	PHONE 1	PHONE 2

- Once a player is submitted to the roster, he or she cannot be taken off or substituted for another player. No Exceptions!
- Rosters are frozen after the 2nd week of league play.
- Player Identification must be available upon request at each game.
- Players may not play for another team in the league. **No Exceptions!**