

TEAM ROSTER

SPORT _____
 TEAM NAME _____
 LEAGUE: 1st choice _____
 2nd choice _____
 TEAM SPONSOR _____

TEAM COLORS _____

	PLAYER'S NAME	PLAYERS SIGNATURE	EMAIL	PHONE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Manager's Name _____
 Address _____
 City/Zip _____

	League Fees
	Paid
	Date Received

THIS FORM MUST BE TURNED IN WITH TEAM FEE AT CALLINAN SPORTS & FITNESS CENTER FRONT DESK DURING REGISTRATION PERIOD (ACCEPTED MONDAY THROUGH FRIDAY ONLY). ALL PLAYERS WILL NEED A PLAYER'S CARD TO PARTICIPATE IN ANY AND ALL LEAGUES. THE PLAYER'S CARD LASTS FOR ONE FULL CALENDAR YEAR - 1/1 THROUGH 12/31