TEAM ROSTER

Team Name/Sponsor Name: Manager's Name:		
E-mail:	Phone#'s	OFFICE USE ONLY Sponsor Fee Paid & Initial
Manager's Address:		Number of Players Paid

As a participant, I understand that the Valley City Parks & Recreation District does not carry insurance for the participants in any program. I accept the policy that no refunds are given once the prgram begins, and I accept the facilities and any equipment located upon the facility for any program.

PLAYER'S NAME	Date of Birth	Address(Including city, state, & zip)	Home Phone #	Work Phone #	E-mail
print name		print			print
	1				