

Team Name: \_\_\_\_\_

Night: \_\_\_\_\_

League: \_\_\_\_\_ League Fee: \_\_\_\_\_ \$400 \_\_\_\_\_

Date: \_\_\_\_\_ Fee Paid: \_\_\_\_\_



## Athletics Program Roster

Player's signature acknowledges he/she has read the 2018 League Rules and Complex policies and agrees to abide them all.

Name (print)	Address	Phone	Signature of Player
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____