

**ROSTER IS DUE AT  
TIME OF LEAGUE  
PAYMENT!**

City of Ames Parks and Recreation Department

**ADULT SPORTS LEAGUE OFFICIAL ROSTER**

Team Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Manager's Name: \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Manager's Address: \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Asst. Manager's Name: \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Asst. Manager's Address \_\_\_\_\_ Work Phone \_\_\_\_\_

**Sport League:** *(Check Appropriate Box)*  Basketball  Softball  Volleyball

**Division of Play:** *(As stated in Registration Packet)* \_\_\_\_\_

**TEAM ROSTER**

**PLEASE PRINT!**

Players' Name	Address	Day Phone	Resident Status Yes/No
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

As manager, I am aware that players can only play on one team (exceptions stated in league rules) and that the above information is correct to the best of my knowledge.

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Any changes to the above must be according to League Policy Manual!**

**For Office Use Only! (Paid/Date/By):** \_\_\_\_\_

