Adult Sports Roster

Team Name: _____ Sport: BB SB VB Division: _____ Day: _____

Manager: _____ Phone: (D) _____

Phone: (N) _____ e-mail: _____

Address: _____ City: _____ Zip: _____

Assistant Manager: _____ Phone: (D) _____ (N) _____

Name	Address	City	Zip	Phone

Roster Limits: Basketball-12 Softball-18 Volleyball-12

As the manager of this team, I accept a position of responsibility as an intermediary between the Recreation Staff and the members of my team. I also accept full responsibility for informing team members of all rules and policies concerning the league. As the manager I will promote good sportsmanship and values among all players, win or lose.

Manager's Signature: _____ Date: _____