



SHEBOYGAN AREA
SCHOOL DISTRICT
Community Recreation

**Please Print Neatly!!
Incomplete form NOT accepted.**

Official Rec Department Team Roster Form 2024

Winter 2024 #1143

Spring 2024 #1226

Fall 2024 #TBD

Team Name: _____ Team Name Previous Year: _____

Name of Manager/Coach: _____

Address: _____ City: _____

Home Phone: _____ Daytime (Work) Phone: _____

Email Address: _____

Shirt color _____ Reversible YES NO

What level?_(A,B,C) _____

Additional Comments: _____

Team Fee:	_____
Individual Fees:	_____ (C-C-M)
	_____ (Out of town)
Total Paid:	_____
Cash Check CC Date filed/By:	_____

Game Times will be at 6, 7 or 8pm.

Player Name (including playing manager)	Address	City	Non-Res.?	Date Added
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

As manager, I hereby swear all the information given above is correct to my knowledge. If intentionally incorrect, my team will forfeit all of its games and I may be suspended if any information is false. I hereby accept the responsibility of making sure my players are in total understanding of all department regulations and rules governing this sport.

Manager's Signature _____ Date _____