

2025 COED Kickball League:

Sheboygan Area School District
Community Recreation Department
3330 Stahl Rd 459-3773



SHEBOYGAN AREA
— SCHOOL DISTRICT —
Community Recreation

Team Name: _____

Name of Manager/Coach: _____

Address: _____

City: _____ Email Address: _____

Primary Phone: _____ Daytime (Work) Phone: _____

Team Fee: _____ (\$130)

Total Paid: _____

Individual Fees: _____ (max \$40)

Cash Check CC Date filed/By: _____

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.				
16.				

As the manager, I hereby swear that all the information given above is correct and that this team will forfeit all of its games and I will be suspended if any of the information is false. As manager, 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 _____