



Winfield Recreation Commission  
Official Team Roster

Team Name \_\_\_\_\_ Year \_\_\_\_\_  
Sport \_\_\_\_\_ League: Upper Lower  
Manager \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address \_\_\_\_\_ E-mail \_\_\_\_\_

Manager, please keep duplicate for your files. If the player names are NOT LEGIBLE, or if the personal information is INCORRECT or INCOMPLETE, this roster may be refused. Completed roster must be returned with entry fee.

**PLAYERS**

**ATTENTION:** My name on this roster binds me to this team. I also agree to abide by all rules governing the league. Player-manager's name must appear on roster below. Please type or print PLAINLY.

<i>Players Name</i>	<i>Address</i>	<i>Home Phone</i>	<i>Birthdate</i>
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2			
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22			

**MANAGERS VERIFICATION**

This is to certify that to the best of my knowledge that this roster does not include any assumed names and that each player is eligible to participate in this program. Roster will not be accepted without Managers Signature.

Managers Signature: \_\_\_\_\_