

**PERSON COUNTY RECREATION ARTS & PARKS DEPARTMENT
TEAM ROSTER FORM
(PLAYER CONTRACT FORMS MUST BE ATTACHED)**

Teams must have a representative present at their mandatory meeting in order to participated in the league

TEAM _____ LEAGUE _____

Coach: _____ ACTIVITY/YEAR _____

<u>PARTICIPANT NAME</u>	<u>HOME PHONE #</u>	<u>BIRTHDATE</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____

COACH'S SIGNATURE ADDRESS HOME PHONE # DATE

WORK PHONE #

ASST COACH'S SIGNATURE ADDRESS HOME PHONE # DATE

WORK PHONE #

Original to be field in the Office of the Person County Recreation, Arts & Parks Department.

Staff initials: _____ Date Received _____