CITY OF ESTHERVILLE
PARKS AND RECREATION DEPARTMENT

TEAM ROSTER

ACTIVITY_____

LEAGUE _____

TEAM NAME _____

TEAM MANAGER _____

NAME ADDRESS HOME PHONE

*** PLEASE INCLUDE ALL INFORMATION REQUESTED**

	NAME	ADDRESS	HOME PHONE	EMMET COUNTY RESIDENT	
1.				YES	NO
2.				YES	NO
3.				YES	NO
4.				YES	NO
5.				YES	NO
6.				YES	NO
7.				YES	NO
8.				YES	NO
9.				YES	NO
10.				YES	NO
11.				YES	NO
12.				YES	NO
13.				YES	NO
14.				YES	NO
15.				YES	NO
16.				YES	NO
17.				YES	NO
18.				YES	NO
19.				YES	NO
20				YES	NO

*** To add or drop a player; your add or drop sheet must be turned in at least 24 hours before participation into the Estherville Parks and Recreation Office.**

For Office Use Only! Entry Fee _____ Paid _____ Date _____ Initials _____