



DE PERE PARK & RECREATION DEPARTMENT

ADULT LEAGUE ROSTER – 2024 Summer Softball

Team Name:		
<input type="checkbox"/> New Team <input type="checkbox"/> Returning Team (define returning team)		
Previous Team Name: (If Applicable)	Previous League: (If Applicable)	Record:
Team Manager:	Assistant Manager:	
Phone:	Phone:	
Address:	Address:	
Email:	Email:	

League Preference		
<input type="checkbox"/> Tuesday	12" Coed Slow Pitch-Legion Park	Coed
<input type="checkbox"/> Thursday	12" Men's Slow Pitch-VFW Park	Copper
<input type="checkbox"/> Thursday	14" Men's Slow Pitch-Legion Park (30+)	Brass

Manager's Agreement

Player addresses listed on page 2 are correct and all appropriate fees will be paid. Falsification of a player's address will result in that participant being banned from all Parks, Recreation and Forestry Department activities for one year. Games played with ineligible player will result in a forfeit. Teams will be dropped if they continue to use ineligible players. Players will pay all expenses of repairing or replacing any publicly owned property they are responsible for damaging.

By signing this form, I agree to ensure all players on my team have signed and turned in an adult athletics softball waiver before taking the field for play. (Waivers will be available onsite and checked off by umpires during the first night of the season.)

By signing this form, I agree to abide to the athletic league policies and league rules including the ones listed on this form.

Manager Signature: _____ Date: _____

OVER →

Team Name:	League:
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Fees: Team Fee \$268/team Resident \$35/player Non-resident \$55/player

- Please print only the required information on this roster. Do not calculate the amount of fees due on this sheet
- Only paid players are to be listed when this form is turned in
- **A minimum of 10 with a maximum of 20 players are allowed on roster**
- Player additions are allowed through the midpoint of the season & must be done a minimum of 24 hours before your next game
- If you are registering as a returning team, indicate returning players in first column below

Return Player	Player	Shirt Size	Age	Phone	Address/Zip Code	Res/ Non	Fee	Recpt. # (for staff)
<input type="checkbox"/>	1.							
<input type="checkbox"/>	2.							
<input type="checkbox"/>	3.							
<input type="checkbox"/>	4.							
<input type="checkbox"/>	5.							
<input type="checkbox"/>	6.							
<input type="checkbox"/>	7.							
<input type="checkbox"/>	8.							
<input type="checkbox"/>	9.							
<input type="checkbox"/>	10.							
<input type="checkbox"/>	11.							
<input type="checkbox"/>	12.							
<input type="checkbox"/>	13.							
<input type="checkbox"/>	14.							
<input type="checkbox"/>	15.							
<input type="checkbox"/>	16.							
<input type="checkbox"/>	17.							
<input type="checkbox"/>	18.							
<input type="checkbox"/>	19.							
<input type="checkbox"/>	20.							
<input type="checkbox"/>								
Player Fee Total								
Team Fee							\$268	
Total Paid Upon Registration								

As manager of this team, I do hereby certify that there are _____ bona fide residents of the City of De Pere listed above. I understand by placing incorrect information on my roster, my team and myself may be removed from league participation.

Manager's Signature _____

Office Use Only			
Date Rec'd:	Time Rec'd:	<input type="checkbox"/> New Team <input type="checkbox"/> Returning Team	Staff: