



**CITY OF AMES PARKS AND RECREATION DEPARTMENT
ADULT SPORTS OFFICIAL LEAGUE ROSTER**

Team Name: _____ Manager's Name: _____

Manager's Address: _____ City: _____ Zip: _____

Phone: (Day) _____ (Evening) _____ (Cell) _____

Email: _____

Sport: _____ League: _____

TEAM ROSTER

Players' Name (Please Print)	Address (Street, city, zip)	E-mail	Res. Status Yes/No
1.			
2.			
3.			
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19.			
20.			

As manager, I am aware that the above information is correct to the best of my knowledge.

Signature of Team Manager: _____ Date Submitted: _____

NOTE: Any changes to the above must be according to League Policy Manual!