

Athletics Division
 4702 South 19th, Tacoma, Washington 98405
 305-1015



ADULT ROSTER

Team Name _____ Sport _____ Coach's Name _____

Name Type or Print	Home Address	City	ZIP 98_____	Phone #	Birth date	Email address
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

I certify that the above roster is correct and that none of the names appear on any other team roster.

Signature of Pastor/Personnel Manager _____

Title _____

Signature of Team Coach _____

FOR OFFICE USE ONLY
 Additional Players \$10 x _____ Players = \$ _____
 Balance Due \$ _____
 Receipt # _____
 Date Paid _____