

KICKBALL LEAGUE ROSTER

Team Name _____ Entry Fee \$ _____

Coach/Manager _____ Cell Phone _____

Home Phone _____ Business Phone _____

E-Mail Address _____

Mailing Address _____

League your team will participate in: _____ Rank your team according to ability _____

Mens Mens Church (1-10) 1 = Good, 10 = Bad _____
 Mixed Mixed Church
 Womens

Name	Address	Phone Home/Business	*Shirt Sz.
1		/	
2		/	
3		/	
4		/	
5		/	
6		/	
7		/	
8		/	
9		/	
10		/	
11		/	
12		/	
13		/	
14		/	
15		/	

*for individual award purposes (max. 15 per team). Each team is responsible for own uniform.

Information about your team will help put the team in the proper league or division. I have received a copy of the City of Pampa Kickball League Bylaws and my team understands the rules that they will play under.

Coach or Manager

Date

