SHERIDAN RECREATION DISTRICT - ADULT SPORT TEAM ROSTER

Sport: (Check One) ____Basketball ____Soccer ____Softball ____Volleyball ____Football

Division: (Check One) ____Co-Rec ____Men ____Women

Classifications: First Choice: ___A ___BB ___B ___C ___Over 30

Second Choice: ___A ___BB ___B ___C ___Over 30

TEAM INFORMATION

Team Name:_____ Last Year's Team Name:_____
Manager's Name:_____ Home Phone:_____
Manager's Address:_____ Work Phone:_____
City:_____ State:_____ Zip Code:_____

PLAYING ROSTER

"I acknowledge that participation in this activity constitutes an element of risk, and that by signing this roster, I agree to accept that risk and to hold harmless from any claim the Sheridan Recreation District, its employees and staff, and operators of the facilities on which the activity may take place."

Note: Managers or coaches who will be playing should be listed as players.

PLAYER'S NAME	SIGNATURE	ADDRESS	PHONE #
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
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17.			
18.			
19.			
20.			

Make Checks Payable to: Sheridan Recreation District
Entry Void Unless Accompanied by fees
Return Entry form and fee to: Sheridan Recreation District, P.O. Box 6308, Sheridan, WY 82801
www.sheridanrecreation.com