Please print all information. **Use Black Ink (ONLY).** **Fall 2009 ADULT CO-RECREATIONAL SOCCER ROSTER**

City of Tempe Parks and Recreation
Sports League Registration / Roster Form

TEAM NAME: _____
MANAGER: _____
ADDRESS: _____CITY: _____ZIP:_____
HOME PHONE: _____
WORK PHONE: _____
CELL PHONE: _____
E-MAIL ADDRESS: _____

"I have read and agree to all the rules of the City of Tempe League and verify to the best of my knowledge

Manager's Signature: _____ Date: _____

OFFICE USE ONLY / VERIFICATION OF TEMPE RESIDENTS

Registration Status: 75%_____ 50%_____ 25%_____ Open_____

Tempe Business	*Tempe Residents*	*Percentage of Tempe Residents*
		%

Team Roster: Name	**Address**	**City**	**Zip**	**Home Phone**	**Work Phone**	**E-mail**
1) Manager:						
2) Asst. Manager:						
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