



Kenosha Unified School District
 Department of Recreation
 2717 67th Street
 Kenosha, Wisconsin 53143
 Tele: (262) 359-6255
Adult "Men" Basketball Leagues 2017-18 Roster

Team Name: _____ League: _____

Please check specific night league will play: Tuesday _____ Wednesday _____

Manager Name: _____ Phone (cell) _____ Phone (work) _____

| | Players Name (Please Print) | Address/Zip code | Cell phone number | Birthdate | Signature |
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As Manager of this team, I certify that all of the above information is correct. My team is aware and will abide by the rules for this league.

Manager's Signature: _____ Date: _____ Entry fee paid _____