



Kenosha Unified School District

Department of Recreation

2717 67th Street

Kenosha, Wisconsin 53143

Tele: (262) 359-6255

Adult "Men" Basketball Leagues 2016-17 Roster

Team Name: _____ League: _____

(Please indicate top, middle or bottom 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
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

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 _____