



Kenosha Unified School District
Department of Recreation
2717 67th Street
Kenosha, Wisconsin 53143
Tele: (262) 359-6255

Adult "Men" Softball Leagues Summer 2017 Roster

Team Name: _____ League: _____

(Please indicate top, middle or bottom league)

Please check specific night league will play: Tuesday 12" ___ Thursday 12" ___ Thursday Classic 12" ___ Friday ___

➔ Please indicate what night team would be available to play rain make-ups: Mon Tues Wed Thurs Fri

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

	Players Name (Please Print)	Address	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 _____