



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

Adult "Women" Softball Leagues Summer 2017 Roster

Team Name: \_\_\_\_\_ League: \_\_\_\_\_  
(Please indicate top, middle or bottom league)

Please check night league will play: Monday 12" \_\_\_\_\_

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

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 \_\_\_\_\_