

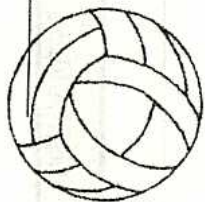
Mailing Address
 One Grand Street
 Coldwater, MI 49036



Return Forfeit Fee to: _____

RECREATION DEPARTMENT
 City of Coldwater

Address: _____



Office
 1776 Heritage Park Dr.
Office: 278-8566
Gym: 279-7758
Fax: 278-8510

RECEIPT #: _____

Team name: _____ League: _____ Year: _____ Manager's name: _____

Address: _____ City: _____ Zip: _____ Phone: _____

Manager: There is a penalty for any FALSE INFORMATION contained in this document. You certify that the players named on this team roster and the information they have provided, is true to the best of your knowledge.

Players: You agree to play with the above named team for the season or until PROPERLY RELEASED. You agree to abide by the rules of the Recreation Department and the program rules; and to participate in a SPORTSMANLIKE MANNER at all times. When signing this roster, you agree that the Recreation Department, City of Coldwater, team managers, sponsors or anyone else connected with this program are not responsible for any injury or loss which may occur while participating.

NOTE: Each player must completely register before participating! (Completing the roster, signing and paying the appropriate player's fee.)

PRINT Player's Name	Legal Address	Phone #	Birthdate	Driver's License #	Employed by:	SIGNATURE	Fee	Township	RECEIPT #
1									
2									
3									
4									



RECREATION DEPARTMENT

PRINT Player's Name	Legal Address	Phone #	Birthdate	Driver's License #	Employed by:	SIGNATURE	Fee	Township	RECEIPT
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REMINDER: When signing this roster, you agree the Recreation Department, City of Coldwater, sponsors or anyone else connected with this program are not responsible for any injury or loss of property which may occur.