



SPRING SUMMER FALL YEAR _____

ONLY COMPLETE TEAM ROSTERS WILL BE ACCEPTED & LEAGUE FEES MUST ACCOMPANY THIS TEAM'S ROSTER.

TEAM: _____ MANAGER: _____

MANAGER'S E-MAIL: _____ MANAGER'S PHONE #: _____

ASSISTANT MANAGER: _____ TEAM SPONSOR: _____

DIVISION PREFERENCE:

Mondays Men's Upper Men's Middle Men's Lower Men's Rec Men's Rec II

Thursdays Mixed Upper Mixed Middle Mixed Lower Mixed Rec Mixed Rec II

Wednesdays 50+

Division placement will be determined by the organization. No division or night is guaranteed.

TEAM MANAGER'S AFFIDAVIT

I, the manager of this team, do hereby state that all of the information is correct to the best of my knowledge and that all of my players have signed in their own handwriting. Additionally, I have received a copy of the current P.A.S.O. Rules and Code of Conduct. I will read and be responsible for informing my team about said rules and conduct.

All players must sign the roster BEFORE they can play!