CITY OF SAINT PAUL
DIVISION OF PARKS AND RECREATION
MUNICIPAL ATHLETICS
1500 N. RICE STREET
SAINT PAUL, MN 55117

Year Summer 2015

TEAM NAME_____**LEAGUE NAME**_____**NIGHT OF PLAY**_____

SPORT Adult Softball **ADULT: MEN** ☑ **WOMEN** ☐ **CO-REC** ☐ **FIELD SITE:**_____

==========

ROSTER REQUIREMENT: Roster must be completed, signed, and submitted by team MANAGERS to the Municipal Athletics Office prior to first scheduled game.
Rosters can be e-mailed to:muni@ci.stpaul.mn.us, fax: 651-558-2237, or US postal/in person to: Municipal Athletics, 1500 Rice St. , St. Paul Mn. 55117

*All players must have a Minnesota Driver's License I.D., bordering State I.D., Military picture I.D., or Company picture I.D.
*Additions or subtractions may be made until 24 hours prior to the start of the second half of the league schedule.
*Additions must be received in writing prior to the halfway point of the season to Municipal Athletics.

==========

MANAGER'S NAME_____**ADDRESS**_____**CITY & ZIP**_____

******MANAGER'S E-MAIL ADDRESS***_____

PLAYERS LISTED BELOW ARE MEMBERS OF THIS TEAM AND ARE ELIGIBLE PARTICIPANTS.

Manager's Signature_____

(please print)

PLAYER'S NAME	HOME ADDRESS, CITY & ZIP	DAY PHONE	WORK ADDRESS	WORK PHONE	E-MAIL ADDRESS

PLAYER'S NAME	HOME ADDRESS, CITY & ZIP	HOME PHONE	WORK ADDRESS	WORK PHONE	E-MAIL ADDRESS