

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

Year Summer 2018

TEAM NAME			LEAGUE NAME			LAY
SPORT	Adult Softball	ADULT: MEN_	WOMEN_	CO-REC	FIELD SITE:_	
ROST	TER REQUIREMENT: sters can be e-mailed to: 1 * All play * <u>4</u>	Roster must be complete muni@ci.stpaul.mn.us, far ers must be ready to show * Additions or subtractions Additions must be recei	ed, signed, and submax: 651-558-2237, or a Minnesota Driver's may be made until 24 ved in writing prio	nitted by team MAN US postal/in person License I.D., border I hours prior to the st or to the <u>halfway</u> p	AGERS to the Municipal Athle to: Municipal Athletics, 1500 R ing State I.D., Military picture I.D tart of the second half of the leagu to the season to Municipal point of the season to Municipal point.	tics Office prior to first scheduled game. ice St. St. Paul MN, 55117, or Company picture I.D. e schedule.
MANAGER'S NAME		AD	DRESS		CITY & ZIP	
***MANA(GER'S E-MAIL ADDRES	SS				
		MEMBERS OF THIS TE			'ANTS. Manager's Signature (<mark>If they live in St. Paul – d</mark> or	
	PLAYER'S NAME	HOME ADDRE	SS, CITY & ZIP	PHONE	WORK ADDRESS	E-MAIL ADDRESS
1						

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