SEDALIA PARKS & RECREATION 2019 WINTER DODGEBALLBALL ROSTER FORM

TEAM NAME/COLOR: _____ **Captain:** _____

Address: _____ **MO** _____
Street City Zip

Phone: (C) _____ **(H)** _____ **Email:** _____

Rosters must have a minimum of 4 players and maximum of 12 players. Information must be complete and correct for a player to be eligible.

Name	Street Address (OPTIONAL)	City, State, Zip (OPTIONAL)	Phone # (MANDATROY)

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Early or Open Registration: _____ **League Fee $:** _____

Manager's Signature: _____ **Date:** _____