

2019 SEDALIA PARKS & RECREATION KICKBALL ROSTER FORM

TEAM NAME: _____ Captain: _____

Address: _____ MO
Street City Zip

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

ALL INFORMATION MUST BE COMPLETE FOR PLAYER TO BE ELIGIBLE.

Name	Street Address	City, State, Zip	Cell Phone #

League Fee \$: _____ Manager's Signature: _____ Date: _____