

**2020 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.**

<b>Name</b>	<b>Street Address</b>	<b>City, State, Zip</b>	<b>Cell Phone #</b>

**League Fee \$:** \_\_\_\_\_

**Manager's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_