

2024 SEDALIA PARKS & RECREATION KICKBALL ROSTER FORM

TEAM NAME: _____ Captain: _____ League Request: _____

Address: _____ MO _____

Phone: (C) _____ Street _____ (H) _____ City _____ Email: _____ Zip _____

Name	Street Address (Optional)	City, State, Zip (Optional)	Phone # (MANDATORY)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

Manager's Signature: _____ Date: _____ Early or Open Registration: _____ League Fee \$: _____