

PLYMOUTH LEAGUE ROSTER – TEAMS MUST COMPLETE ROSTER EACH SESSION/SEASON.

Team name _____ League _____ Division _____ Day Playing _____

Previous team name (if returning team & have changed name) _____ Email _____

Managers Name _____ Phone (hm) _____ (wk) _____

Address (hm) _____ City _____ Zip _____

(wk) _____ City _____ Zip _____

As manager, I certify that all players listed below will meet all eligibility requirements and will be made fully aware of all rules and regulations and the penalties for violations BEFORE they play. I also grant permission for my name & phone numbers to be printed on our league schedule.

Signed _____ Date _____

Phone #763-509-5200

Fax #763-509-5207

Roster Limits:

20 - Softball
20 - Kickball

12 – Dodgeball
12 - 4-Man Football

12 - 5 Man Basketball
12 - Volleyball

8 - 3 Man Basketball
16 - Indoor Soccer

Players Name

1.	Address	City
2.	Address	City
3.	Address	City
4.	Address	City
5.	Address	City
6.	Address	City
7.	Address	City
8.	Address	City
9.	Address	City
10.	Address	City
11.	Address	City
12.	Address	City
13.	Address	City
14.	Address	City
15.	Address	City
16.	Address	City
17.	Address	City
18.	Address	City
19.	Address	City
20.	Address	City