

Chippewa Falls Parks and Recreation  
Team Roster Registration Form

Sport: Adult Dodgeball

League Div. I Div. II

Team Name: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Manager's Email: \_\_\_\_\_

**Information and Schedules will be sent via e-mail.  
Please make sure you have a working/correct  
e-mail address listed for the manager.**

Scheduling Requests: \_\_\_\_\_

**Office Use**

Team Fee (\$75): \_\_\_\_\_ Date Paid \_\_\_\_\_ Receipt Number \_\_\_\_\_

**Team Roster**

<b>Manager's Name</b> _____	Phone Numbers
Address _____	Home ( ) _____
City _____	Cell ( ) _____
Email _____	Male/ Female _____

<b>Player's Name</b> _____	Phone Numbers
Address _____	Home ( ) _____
City _____	Cell ( ) _____
Email _____	Male/ Female _____

<b>Player's Name</b> _____	Phone Numbers
Address _____	Home ( ) _____
City _____	Cell ( ) _____
Email _____	Male/ Female _____

<b>Player's Name</b> _____	Phone Numbers
Address _____	Home ( ) _____
City _____	Cell ( ) _____
Email _____	Male/ Female _____

