

**LAPORTE PARK AND RECREATION DEPARTMENT
TEAM ROSTER**

Name of Team: _____ Sponsor: _____ League Requested: _____

Managers Name: _____ Address: _____

Home Phone: _____ Work Phone: _____ E-Mail Address _____

LaPorte Park & Recreation Department reserves the exclusive right to reject any roster submitted for league play. There will be no refund of entry fees or any additional fee(s) one week after deadline date. **mandatory**

Please PRINT or TYPE all roster information. Complete and accurate information is essential .

Rosters will not be accepted without signatures on the reverse side and the copy of the team information sheet (attached).

| NAME | ADDRESS | CITY | STATE | ZIP | PHONE | AGE | |
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