

# ALABAMA RECREATION AND PARKS ASSOCIATION

## TEAM SPORTS OFFICIAL ROSTER

Department: \_\_\_\_\_ Athletic Event: \_\_\_\_\_ Age Division: \_\_\_\_\_ Team Name: \_\_\_\_\_ Male    Female

Recreation Staff in Charge: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

	Name	Age	Birth Date (MM/DD/YEAR)	Participants Home Address			
				Street Address	City	State	Zip Code
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
Head Coach:							
Asst. Coach:							
Asst. Coach							

I certify that the names/participants in the event above are eligible to represent my Department and I/Department staff has explained the ARPA rules regarding this event to this team and its coaches.

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

Department Director: \_\_\_\_\_