

Official Team Roster

Valid for Field Reservations on City of Shawnee fields.

Team Name _____

Organization _____

Coach's Names	Address	City	Zip	Home Phone	Cell Phone	Work Phone	Email

Player's Names	Address	City	Zip	Home Phone	Birthdate		
1							
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I, _____, verify that the above information is correct. I understand that permits obtained with fraudulent information will be revoked. Revoked permits will not be refunded and future field usage may be denied.

Signature of Coach
