2009 Oswego YMCA Kickball Roster Form

Team Name:_____ Note: You can hand-carry this to the field - turn in before your first game

Manager: _____ Assistant Manager: _____
Address: _____ Address: _____
City: _____ City: _____
Phone: _____ Phone: _____
Email: _____ Email: _____

Note: Please print player information clearly. **All players play at their own risk.**

Name	Street Address	City	Phone	Email	

Please keep a copy of your roster **Fee: $125.00**

This Registration form may be hand carried to the field August 8th and turned in before your first game; **this form must be filled out completely.**
Notice: Teams must turn in the full fee to the Oswego YMCA by Tuesday August 4th.