

City of Atascadero Recreation Division



ADULT KICKBALL LEAGUE TEAM APPLICATION AND ROSTER

TEAM NAME:	SEASON: Spring 2023						
GAMES WILL TAKE PLACE ON WEDNESDAYS							
Team Manager:	Assistant Manager:						
Address:	Address:						
City:Zip:	City:Zip:						
Phone (H):(W)	Phone (H):(W)						
E-mail Address:	E-mail Address:						

Applications are accepted on a team basis only. Applications must be filled-out completely with names, phone numbers, and addresses. Incomplete rosters will not be accepted, NO EXCEPTIONS. There is a minimum of 11 players and a maximum of 15 players per roster.

League fees are \$421.00 per team. Non-residents are \$5 per player, 8 or more non-residents, add 10% (\$42.10)

ACTIVITY NUMBER #1400.794

As manager I assume responsibility for the conduct and sportsmanship of all team members. All information provided on the front and back of this form is valid and verifiable. **Sign both sides.**

MANAGER'S SIGNATURE: _____

DATE: _____

(More on the back)

OFFICE USE ONLY: League Fees:	Non-Resident Fees:	Total Fees:	
Date Paid:	Receipt Number:	Approved By:	

ADULT KICKBALL LEAGUE TEAM APPLICATION AND ROSTER

All information must be clearly legible, accurate, and verifiable.

TEAM NAME: SPONSOR:

PLEASE PRINT

PLAYERS NAME	PHONE	ADDRESS	CITY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

As manager I assume responsibility for the conduct and sportsmanship of all team members. All information provided on the front and back of this form is valid and verifiable. Sign both sides.

MANAGER'S SIGNATURE: _____ DATE: _____