



City of Atascadero
**COMMUNITY SERVICES
& PROMOTIONS**

**ADULT KICKBALL LEAGUE
TEAM APPLICATION AND ROSTER**

REGISTRATION CLOSES FEB. 16TH, 2024

TEAM NAME: _____ SEASON: Spring 2024

*****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 18 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

#1400.823

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: _____



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**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:** _____