

VILLA PARK RECREATION DEPARTMENT
 338 N IOWA AVENUE, VILLA PARK
 (630)834-8970

TEAM NAME _____ TEAM MANAGER _____ E-MAIL _____

MANAGERS ADDRESS _____ CITY _____ ZIP _____ HOME PHONE _____ WORK PHONE _____

_____ Men's 16" Softball _____ Women's 12" _____ Co-Rec Softball _____ Co Rec Kickball

NAME (Please Print)	SIGNATURE	ADDRESS	CITY, STATE, ZIP	HOME PHONE	DRIVERS'S LICENSE
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MAXIMUM					

PLEASE READ THE WAIVER ON THE REVERSE SIDE OF THIS ROSTER AND BE AWARE THAT BY SIGNING THIS ROSTER AND PARTICIPATING IN THE SOFTBALL LEAGUE THAT YOU WILL BE WAIVING AND RELEASING ALL CLAIMS FOR INJURIES YOU MIGHT SUSTAIN ARISING OUT OF THIS VOLLEYBALL LEAGUE.

FOR OFFICE USE ONLY: DATE RECEIVED _____ SIGNATURE _____