

TEAM APPLICATION & ROSTER FORM

Team Name: _____

Sport: Softball Basketball Other _____

Night Team is Available: Tuesday Wednesday Thursday

Check Appropriate Boxes:

LEAGUE

- Men's
 Co-Rec

CLASSIFICATION

- Competitive
 Recreational
 Novice

Check Appropriate Boxes:

- This team is eligible to register as a resident team, with 51% or more players living in the City of Santa Clara, Santa Clara Unified School District, or are employed in the City of Santa Clara.
- 51% of the players listed played on one Santa Clara team last year.
- This is a NON-RESIDENT team.

Manager Name: _____

Address: _____

City: _____ **Zip:** _____

Home Phone: _____ **Cell/Work Phone:** _____

Email: _____

Manager's Signature: X _____

We understand that our resident status will be checked and we agree that falsification will result in both loss of entry fee and expulsion from the league.

Assistant Manager Name: _____

Address: _____

City: _____ **Zip:** _____

Home Phone: _____ **Cell/Work Phone:** _____

Email: _____

For League Director Use:

Completed: Roster Application Liability Forms

Special Request(s): _____

