

Garner Parks, Recreation and Cultural Resources Official Team Roster

NAME OF TEAM _____ MANAGER'S NAME _____ PHONE (Preferred) _____ (C) _____
 Carrier _____

MANAGER'S ADDRESS _____

Email _____

PRINT NAME	STREET ADDRESS, TOWN, ZIP	RESIDENT (Yes or No)	DATE of BIRTH	EMAIL ADDRESS	PHONE (Preferred)	PHONE (Cell)	CARRIER
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							

Garner Parks, Recreation and Cultural Resources Department Team Entry Form

Mailing Address: 900 Seventh Avenue Garner, NC 27529 Telephone: (919) 662-5051

Sport: (check one)	<input type="checkbox"/> Men's Recreational Softball	<input type="checkbox"/> Men's Elite Softball
	<input type="checkbox"/> 50 Plus Softball	

Men's Open Softball Classification:	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
(Check one, all classifications may not be offered each season)				

Name of Team _____

Team Manager _____ Date of Birth _____

Manager's Address _____

City _____ Zip _____ Email Address _____

Telephone (Preferred) _____ Telephone (Cell) _____ Carrier _____

Secondary Team Contact _____

Telephone (Preferred) _____ Telephone (Cell) _____ Carrier _____

Permission to Use Image

I grant the Town of Garner permission to use, for any legitimate reason, any photographs, motion picture or recording of my teams participation in this activity.

In submitting this application, the manager agrees to abide by all rules and regulations established by the Garner Parks & Recreation Department and to pay all fees charged against the team. The manager further certifies that all information on the attached roster is correct and all players are eligible as set forth in the league rules. The manager also understands that all fees must be paid in order for the team to participate. I understand that any falsification of information on the team roster may result in my team being ejected from the league and any other recreation activities. No changes are to be made to the team roster without concurrence by the Athletic Director.

Manager's Signature _____ Date

Required Affidavit For Closed League

I do hereby certify that I am familiar with the membership or employment records of the church, club or company which this team represents and that all of the players on the roster are actively involved in the religious endeavors of the said church or have been active members of said club for at least three months, or are employed full-time by said company: and to the best of my knowledge, each player is eligible to participate in the Garner Parks & Recreation Closed League.

Signature of Official _____ Title _____ Phone _____ Name of Organization _____ Date _____

Office Use Only

Date Form Received _____ Time _____ Verified By _____

Team Entry Fee = \$ **450** _____

Individual Fees _____ Non-Residents X \$ 25 = \$ _____

Total Amount Due..... = \$ _____