

**Town of Garner Parks, Recreation & Cultural Resources
Adult Basketball
Athletic Roster**

Sport _____ Entry Fee Paid _____ Date _____

League _____ Team _____ Coach _____ Phone# _____

Address _____ City _____ Zip _____

Name	Address	Email	Phone Number	Office Only (Address Verified)
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				

- **Team rosters are required to be on file and signed by the League Administrator to be considered eligible/valid.**
- **A valid photo I.D. will be required along with proof of residence.**
- **Each player is required to submit individual player contract to the League Administrator and have made full payment to be considered eligible/valid.**

Team Manager/Coach: _____ Date: _____

League Administrator: _____ Date: _____