CITY OF FLORENCE PARKS & REC

Official Adult Team Roster

TEAM NAME: _____

League / Division: _____ / _____

Date	Name	Age	Phone	Address	NR

NR indicates Non-Resident Fee - please check after fee has been paid

_____ _____

Industry or HR Manager (Print) Industry or HR Manager (Signature)

Phone Number: _____ Email: _____

Team Representative: _____

Address: _____

Phone: Home/Work/Cell - _____/_____/_____