

Santa Maria Recreation & Parks Department Team Application Roster

- * All information must be complete and attached at time of registration.
- * Only credit cards, cashiers checks or money orders made out to the **City of Santa Maria** will be accepted. No Cash
- * All players listed on team roster must conform to all league rules and regulations & age restrictions. Managers must comply with all min & max number of participants.

Softball (18 & Up): minimum 12/ maximum 20
Volleyball (18 & Up): minimum 7/ maximum 14
Basketball (18 & Up): minimum 7/ maximum 10
Pickleball (18 & Up): minimum 2/ maximum 4

- * Teams must meet the following requirements to qualify as a resident team:
Softball: at least 10 players living within the Santa Maria City limits.
Volleyball/Basketball: 7 players living within the City limits.
Pickleball: 2 players living within the Santa Maria City limits.

Team Name _____
 Manager's Name: _____
 Address _____
 Day Phone: _____ Night Phone: _____
 Sport: _____ League Preference _____
 Resident Team? **Y** ___ **N** ___ Team Jersey Color: _____
 E-mail address: _____
 Give the name of the team(s) most of your members have played on and any information regarding team ability that would assist in placing your team in league. _____

* Managers are responsible for maintaining their roster throughout the entire season.

	Player's Name	Home Phone	Address	City	Zip
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____

Nights of Play

Pickleball
 Mon, Tues, Wed
Slow Pitch Softball
 Mon, Tue, Wed, Thu
Basketball
 Monday-Friday
Volleyball
 Sunday, Monday

Night Preference

(No Guarantees)
 M ___ T ___ W ___
 Th ___ F ___ Sa ___
 Su ___

Office Use Only

Date _____
 Receipt _____
 Amount _____
 Initials _____

We understand that our resident status will be verified and we agree that failure to honestly fill out this form will result in loss of priority and will possibly be dropped from the league.

Manager's Signature: _____

Date: _____