



SEASON/YEAR _____

SPORT _____

DIVISION (Circle One) **Men** **Women** **Co-Rec**

TEAM NAME _____ FIELD/GYM _____ NIGHT OF PLAY _____

MANAGER NAME _____ MANAGER PHONE _____ MANAGER EMAIL _____

Live or Work in Ramsey County?

Circle one, enter that address.
If Neither, enter home address

ROSTERS ARE DUE PRIOR TO FIRST GAME. E-mail to muni@ci.stpaul.mn.us, fax: 651-558-2237, or mail/drop-off at Municipal Athletics.

All Players must be ready to show a VALID PHOTO ID at any game or tournament.

Additions/Subtractions must be received in writing by Municipal Athletics prior to the halfway point in the season.

Player's First & Last Name	Live -- Work -- Neither	Address, City, State, Zip	Phone	Email
1	Live -- Work -- Neither			
2	Live -- Work -- Neither			
3	Live -- Work -- Neither			
4	Live -- Work -- Neither			
5	Live -- Work -- Neither			
6	Live -- Work -- Neither			
7	Live -- Work -- Neither			
8	Live -- Work -- Neither			
9	Live -- Work -- Neither			
10	Live -- Work -- Neither			
11	Live -- Work -- Neither			
12	Live -- Work -- Neither			
13	Live -- Work -- Neither			
14	Live -- Work -- Neither			
15	Live -- Work -- Neither			
16	Live -- Work -- Neither			
17	Live -- Work -- Neither			
18	Live -- Work -- Neither			
19	Live -- Work -- Neither			
20	Live -- Work -- Neither			

PLAYERS LISTED ABOVE ARE MEMBERS OF THIS TEAM AND ARE ELIGIBLE PARTICIPANTS.

MANAGER SIGNATURE: _____