



2019 CO-ED SUMMER KICKBALL REGISTRATION

Team Name: _____

Captain's Name: _____

Captain's Phone: _____ **Email:** _____

LEAGUE INFO

Game Nights: Thursdays

Game Times: All Games 6:15pm

Game Dates: 6/20 – 8/1 (No Games 7/4) **Playoffs:** 8/8

TEAM ROSTER This is your official team roster. Any games where a player is utilized who is not on the official roster will be forfeited.

1	Name:	Address:	Phone:
		Email:	Birthdate:
2	Name:	Address:	Phone:
		Email:	Birthdate:
3	Name:	Address:	Phone:
		Email:	Birthdate:
4	Name:	Address:	Phone:
		Email:	Birthdate:
5	Name:	Address:	Phone:
		Email:	Birthdate:
6	Name:	Address:	Phone:
		Email:	Birthdate:
7	Name:	Address:	Phone:
		Email:	Birthdate:
8	Name:	Address:	Phone:
		Email:	Birthdate:
9	Name:	Address:	Phone:
		Email:	Birthdate:
10	Name:	Address:	Phone:
		Email:	Birthdate:
11	Name:	Address:	Phone:
		Email:	Birthdate:
12	Name:	Address:	Phone:
		Email:	Birthdate:
13	Name:	Address:	Phone:
		Email:	Birthdate:
14	Name:	Address:	Phone:
		Email:	Birthdate:
15	Name:	Address:	Phone:
		Email:	Birthdate:
16	Name:	Address:	Phone:
		Email:	Birthdate: