



Wiffle Ball Official Roster

Office Use Only	
Date Submitted:	_____
League Fee Paid:	_____
League Fee: \$125	_____
Non-resident fee:	_____
Total \$	_____
cash _____	ck _____ credit _____
Received Conduct Form:	_____
Additions	_____
	date: _____ \$ _____
	date: _____ \$ _____
	date: _____ \$ _____

Team Name: _____

League: _____

**Please print the following clearly. If the info changes during the season, call us to update it.
It is vital the coach's information is correct in order for teams to receive game changes,
cancellations, playoffs, league updates, etc.**

Coach/Manager _____ Phone (home) _____ (work) _____

Coach Full Address: _____
street _____ city _____ zip _____

Coach E-mail _____ Can we use this email as our primary communication with you? Yes ___ No ___

Assistant Coach/Manager _____ Phone (home) _____ (work) _____

Assistant Coach Full Address: _____
street _____ city _____ zip _____

REQUESTED DATE RESTRICTIONS/TIME PREFERENCE:

Player's Name	Full Address (street, town)	Non-Resident Fee	Phone #	Email
1.				
2.				
3.				
4.				
5.				
6.				
7.				