SHEBOYGAN AREA
SCHOOL DISTRICT
Community Recreation
3330 STAHL ROAD
SHEBOYGAN, WI 53081
920-459-3773

Please print neatly!!
Incomplete form NOT accepted.

Official Rec Department

High School Team Roster

Team name: _____

Name of manager/coach: _____

Manager address: _____ Manager birthday/year: _____

Manager email: _____

Manager cell: _____

Shirt color: _____ Reversible ☐ YES ☐ NO

Team fee: _____

Individual fees: _____ (C-C-M)

_____ (Out of town)

Total paid: _____

Cash Check CC Date filed/By: _____

There will be no choice of game times.
Teams must be available after 5:45 pm Monday and Thursday evenings.

Player name (First and last)	Address, city, zip	Grade	School
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

As the manager, I hereby swear all the information given above for this team is correct. We will forfeit all of our team games and I will be suspended if any of the information is false. As manager, I hereby accept the responsibility of making sure my players are in total understanding of all department regulations and rules governing this sport.

Manager's signature_____Date_____