

Renegades Fall Men's League Roster Form

Note: Each player must also complete Men's League Individual Registration Form

Name of Team _____

Due Date: Monday September 26, 2016

Captain _____ Home Phone _____ Work _____ Cell _____

Email _____

I, as captain of my team certify that all players have personal primary health/Hospitalization Insurance.

_____ Signature of Captain _____ date

****Adult S,M,L,XL,2XL, 3XL****

	Player's Name	Shirt Size**	Birthdate **Must be verified**	Email Address
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				