LONGMONT RECREATION SERVICES – 2019 ROSTER FORM

TEAM NAME: _____ Last year's Team Name: _____ Sport/Season_____

MANAGER: _____

Name **Address** **City/Zip** **Day Phone** **Night Phone**

_____

Email address

I, _____, as a representative of the above team, do hereby state that our team will abide by the City of Longmont Recreation Division policies and that we have read and understand the rules and regulations of this league.

Signed _____ Date: _____

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