LONGMONT RECREATION SERVICES – 2020 ROSTER FORM ADULT SOFTBALL

TEAM NAME: _____ Previous Team Name: _____ Season_____

MANAGER: _____

Name **Address** **City/Zip**

_____ _____ _____

Email Address **Primary Phone** **Secondary Phone**

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

Signed _____ Date: _____

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