



City of Waupaca Parks and Recreation Team Roster– Adult Coed Kickball

407 School St | (715) 258-4435 |
Office Hours: M-F 7:30 AM—4:00 PM

Team Name: _____

Captain's Name:		Co-Captain's Name:
Phone:		Phone:
Email:		Email:
Adress:		Adress:

Players Name	Email Address	Phone	Date of Birth	Fee	Paid
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

All fees must be paid PRIOR to participation. Any changes must be made by the captain or co-captain in person and all player information must be fully completed!

<i>I confirm the above information is accurate and that proof may be required.</i>	
Revised: 12/12/2019	Signature of Captain

Sponsor Paid: \$ _____

Player's Fee (In Town): \$ _____

Player's Fee (Out of Town): \$ _____

Office Use Only
Paid: