

**CITY OF CHANDLER - RECREATION DIVISION
SPORTS LEAGUE REGISTRATION/ROSTER FORM**

TEAM NAME: _____ CLASS 1 OR 2 _____

Manager : _____

Address: _____ City: _____ Zip: _____

(H) Phone: (_____) (W) Phone: (_____)

Manager E-Mail: _____

Team's Former League: _____ Team's Former Placing: Win _____ Loss _____

LEAGUE PREFERENCE (CIRCLE ONE):

CO-REC. VOLLEYBALL
B-LEAGUE SUNDAY (INDOOR)
(six player teams)

MEN'S FLAG FOOTBALL
AMERICAN CONFERENCE--AM
AMERICAN CONFERENCE II--PM
NATIONAL CONFERENCE

MEN'S BASKETBALL
B-1 LEAGUE SUNDAY 1-5pm
B-2 LEAGUE SUNDAY 5-9pm
C- LEAGUE SUNDAY 1-5pm
D- LEAGUE SUNDAY 5-9pm

CO-REC KICKBALL
B-LEAGUE WEDNESDAY -PM

"I have read and agree to all the rules of the City of Chandler League and verify to the best of my knowledge that all information given is accurate and true. I also understand all participants play at their own risk and are responsible for their own health insurance."

Manager's Signature _____ Date: _____

TEAM ROSTER:

**ADDRESS
(IF CLASS 1 HOME OR WORK ADDRESS
WHICHEVER IS IN CHANDLER)**

NAME	ADDRESS (IF CLASS 1 HOME OR WORK ADDRESS WHICHEVER IS IN CHANDLER)	CITY	ZIP CODE	PHONE
1. MANAGER:				
2. ASST. MANAGER:				
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