

# Recreation Services

3310 37<sup>th</sup> Avenue, Vernon, BC V1T 2Y5  
 Tel 250-545-6035 Fax 250-550-3705

## TEAM ROSTER FORM

TEAM NAME: \_\_\_\_\_ LEAGUE NAME: \_\_\_\_\_ DIVISION: \_\_\_\_\_ NIGHT: \_\_\_\_\_

TEAM REPRESENTATIVE		MAILING ADDRESS	POST CODE	PHONE # H/W	EMAIL
1.					
2.					
PLAYER'S NAMES	AGE	MAILING ADDRESS	POST CODE	PHONE # H/W	EMAIL
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
COACHES (IF ANY)		ADDRESS	POST CODE	PHONE # H/W	
1.					
2.					

\* Note: The full and complete address of each player must be included on this form or it will not be accepted by G.V.R.S.  
 The team will default each game till a fully completed roster is turned in.