

# Santa Maria Recreation & Parks Department Team Application Roster

- \* All information must be complete and attached at time of registration.
- \* Exact cash or Visa/Mastercard, cashiers/business check, money order to the City of Santa Maria will be accepted.
- \* All players listed on team roster must conform to all league rules and regulations, & age restrictions. Managers must comply with all min & max number of participants.

**City Resident-Team address verification requirements are as follows:**

- Softball/Flag Football:** 10 players living within the Santa Maria City limits.
- Basketball/Dodgeball/Volleyball/Soccer:** 7 players living within the SM City limits.
- Softball/Flag Football (Ages 18 & up):** min. 12/ max. 20.
- Basketball/Dodgeball (18 & up)/Volleyball (16 & up):** min. 7/max. 10.
- Soccer (Ages 18 & up):** min. 7/max. 12.

Team Name \_\_\_\_\_  
 Manager's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_  
 Sport \_\_\_\_\_ League Preference \_\_\_\_\_  
 Resident Team? Y \_\_\_ N \_\_\_ PMBF Coverage? Y \_\_\_ N \_\_\_  
 E-mail address \_\_\_\_\_  
 Give the name of the team(s) most of your members have played on and any information regarding team ability that would assist in placing your team in league. \_\_\_\_\_  
 \_\_\_\_\_

\* Managers are responsible for maintaining their roster throughout the entire season.

	Player's Name	Home Phone	Address	City	Zip
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____

**Nights of Play**

- Slow Pitch Softball**  
Mon. - Fri.
- Basketball** Mon. - Fri      **Dodgeball** Wed.
- Flag Football** Sat.      **Volleyball** Sun. & Mon.
- Soccer**  
Tue., Wed., Thu.

**Night Preference**

(No Guarantees)  
 M \_\_\_ T \_\_\_ W \_\_\_  
 Th \_\_\_ F \_\_\_ Sa \_\_\_  
 Su \_\_\_

<b>Office Use Only</b>	
Date	_____
Receipt	_____
Amount	_____
Initials	_____

We understand that our resident status will be verified and we agree that failure to honestly fill out this form will result in loss of priority and will possibly be dropped from the league.

\_\_\_\_\_  
**Manager's Signature**

\_\_\_\_\_  
**Date**