## Hendersonville Parks Roster Form

ТЕАМ:	EVE	ENT / LEAGUE:	Yi	EAR:		
Coach:	ADDRESS	S:				
EMAIL:			(CELL)			
CHURCH TEAMS: I, OF THE CHURCH. TEAMS MANAMES. SIGNED BY MINISTE By signing the roster below accident or injury that may	R OF CHURCH:v, each player agrees	to not hold the Henderson	ville Parks Departr	DAT	E:	iable for any
League / Event. Must be a						
Print Players Name	Playeros Signature	Residence (Street, C	City, State, Zip)	DOB	Phone Number	Parent/Guardian Signature (if under 18)
1						
2						
3						
4						
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12						
13						
14						
15						
16						