

Sponsor Fee Receipt No. \_\_\_\_\_ Team Fee Receipt No. \_\_\_\_\_



# FARIBAULT PARKS & RECREATION

15 Division Street West

507-334-2064

## TEAM ROSTER

SPORT: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

TEAM MANAGER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PLAYERS NAME

ADDRESS

PHONE NO.

1 \_\_\_\_\_

2 \_\_\_\_\_

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