

# Santa Maria Recreation & Parks Department Team Application Roster

\* All information must be complete and attached at time of registration.

\* Only credit cards, cashiers checks or money orders made out to the Cash

\* 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.

**Softball (18 & Up):** minimum 12/ maximum 20

**Volleyball (16 & Up):** minimum 7/ maximum 14

**Basketball (18 & Up):** minimum 7/ maximum 10

**Pickleball (16 & Up):** minimum 2/ maximum 4

\* Teams must meet the following requirements to qualify as a resident team:

**Softball:** at least 10 players living within the Santa Maria City limits.

**Volleyball/Basketball:** 7 players living within the City limits.

Team Name \_\_\_\_\_

Manager's Name \_\_\_\_\_

Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

Sport \_\_\_\_\_ League Preference \_\_\_\_\_

Resident Team? Y \_\_\_ N \_\_\_ Team Color: \_\_\_\_\_

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. | _____         | _____      | _____   | _____ | _____ |

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

## Nights of Play

### Pickleball

Mon, Tues, Wed

### Slow Pitch Softball

Mon., Tue., Thu., Fri.

### Basketball

Monday-Friday

### Volleyball

Sunday, Monday

## Night Preference

(No Guarantees)

M \_\_\_ T \_\_\_ W \_\_\_

Th \_\_\_ F \_\_\_ Sa \_\_\_

Su \_\_\_

## Office Use Only

Date \_\_\_\_\_

Receipt \_\_\_\_\_

Amount \_\_\_\_\_

Initials \_\_\_\_\_