

JERSEY COLOR



OFFICE USE ONLY	
Date received:	_____
Fees received:	_____
C CH MO #:	_____
Team code of Conduct:	_____

Phone: 473-4330 Fax: 428-8513
www.syracuse.ny.us/parks

Circle One

Basketball
 Broomball
 Lacrosse
 Softball
 Volleyball

Team Name: _____

League Preference: _____

Last Year's Team Name: _____

Nights you cannot Play: _____

<u>Manager</u>	
Name: _____	
Address: _____	
City: _____	Zipcode: _____
Email: _____	
Cell: _____	Home: _____
Work: _____	Fax: _____

<u>Captain</u>	
Name: _____	
Address: _____	
City: _____	Zipcode: _____
Email: _____	
Cell: _____	Home: _____
Work: _____	Fax: _____

Jersey #	Name:	Address:	Phone Number:
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The League or City of Syracuse will not be held responsible for injuries or property damage to all teams, players, coaches or other participants in the Syracuse City Recreation League.