



Anoka-Hennepin Community Education Athletics Department
Marv Johnson Jr., Rec/Athletic Supervisor
 2727 North Ferry St.
 Anoka, MN 55303
 763-506-1267, (Fax)763-506-1299



Adult Athletic Team Roster

Sport _____; League (Circle One): Men's, Women's, Co-Rec; Night of Play _____ Class/Division _____

Team Name _____ Manager's Name _____ Phone (H) _____ (W) _____

Address _____ City _____ Zip _____

Email Address: _____

-
- Incomplete Rosters will not be accepted! Roster changes must be made in accordance with the league guidelines and state association deadlines
 - This roster must be accompanied by the entry fee, conduct and waiver forms, and submitted no later than the indicated deadline date.
 - All rosters must include everyone that plays including the players only going to be extras or substitutes.
-

**** This Roster is Subject to being checked for accuracy by the Rec/Athletic Supervisor ****

Player's Name	City	Phone #	Player's Name	City	Phone #
1)			11)		
2)			12)		
3)			13)		
4)			14)		
5)			15)		
6)			16)		
7)			17)		
8)			18)		
9)			19)		
10)			20)		

Players listed on this roster understand that when playing in any sporting event there is a chance for injuries to occur which are inherent to playing the sport.

**** TURN OVER AND READ THE BACK OF THIS FORM ****