2009 LEAGUE REGISTRATION FORM

St. Peter Recreation & Leisure Services
600 South 5th Street, Suite 200
St. Peter, MN 56082 (507) 934-0667

Select One:	**Select One:**	
☐ Men's	☐ Volleyball	☐ Basketball
☐ Women's	☐ Softball	☐ Flag Football
☐ Co-ed	☐ Kickball	

Team Name _____ Desired Division: Upper Mid Low

Team Name Last Year_____ Division Last Year: Upper Mid Low

Manager _____ Phone#_____/_____
(HOME) (OTHER)

Address _____
City Zip

Email Address:_____

Which classification best describes your team? A B C D

Print preliminary roster below. ***(All players must be 16 years of age and above.)****

Name of Player	**Home Address**	**Phone Number**

League roster forms and league fees must be received by the pre-determined deadline. There will be a $50 late fee for the first late week and $100 late fee thereafter.