

City of Agoura Hills
 Department of Community Services
 30610 Thousand Oaks Blvd.
 Phone: (818) 597-7361
 Fax: (818) 597-7365

Team Name: _____
 Manager: _____
 Address: _____
 City/Zip: _____
 Home Phone: _____
 Bus. Phone: _____

Night: _____ Division: _____
 Sponsor: _____
 Address: _____
 City/Zip: _____
 Phone: _____
 Email: _____

COED'S SOFTBALL ROSTER

	NAME	ADDRESS	CITY	ZIP	DR. LIC.#	H/PHONE	B/PHONE
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							

I hereby agree to indemnify and hold harmless the City of Agoura Hills and owners of city contracted facilities and any of their contractors, employees, and agents, from any liability of claim or action for damages resulting from, or in any way arising out of the participation in this program by the person registered.

MANAGERS, Note the Following rules:

- A. You are not a legal team until this completed roster has been submitted to the director.
- B. Players are not eligible unless their name Appears on this roster.
- C. A player may play for only one Agoura Hills City team per night.

D. All information must be correct and not falsified. Penalty for violating the above rules: **Forfeiture and possible suspension or disqualification.**

 Managers Signature Date