

NORTHWEST OTTAWA RECREATION AUTHORITY
Dodge Ball Team Roster

Payment \$ _____ Cash or Check# _____
 Visa/MC# _____ Exp. _____
 Date _____ Intl. _____

Team Name _____ League/Division _____
 Manager's Name _____ Phone (h) _____ (w) _____ (c) _____
 Address _____ City/Zip _____ email _____

PLEASE FILL OUT ROSTER FORM COMPLETELY



1415 Beechtree St., Grand Haven, MI 49417

616-850-5125/fax 616-850-5127

www.ghaps.org/nora

Residence (Check one)

Name (please print)	Address	City/Zip	Phone	Residence (Check one)								
				GH City	GH Twp	Rob Twp	Fbg City	Port Shel	SL Twp	SL Vill	Other non-res	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												

(Resident: Lives in GHAPS District Boundaries; GH City, GH Twp., City of Ferrysburg, or Robinson Twp.)