

NORTHWEST OTTAWA RECREATION AUTHORITY
KickBall 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



	Name (please print)	Address	City/Zip	Phone	GH	GH	Rob	Fbg	Port	SL	SL	Other
					City	Twp	Twp	City	Shel	Twp	Vill	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												

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