



CITY OF ALBANY
RECREATION & COMMUNITY SERVICES DEPARTMENT
1249 MARIN AVENUE
ALBANY, CA 94706

TEAM NAME: _____
TEAM MANAGER: _____
PHONE: _____
EMAIL: _____

ADULT SOFTBALL ROSTER

LEAGUE: MEN'S - MON WOMEN'S - TUESDAY CO-ED

SIGNATURE ON ROSTER SIGNIFIES KNOWLEDGE OF, AND
ACCEPTANCE OF ALL RULES, REGULATIONS, AND CODE OF CONDUCT
SET FORTH BY THE RECREATION DEPARTMENT.

ADD/ DROP	NAME (PLEASE PRINT)	SIGNATURE	E-MAIL ADDRESS	PHONE
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