Manager please return completed roster as soon as possible to:
CYC SPORTS DEPARTMENT - ATTN: BUTCH ROSIER - 20 Archbishop May Drive. - St. Louis, MO 63119.
A signed copy will be returned to you. The Manager should have a signed copy of their roster with them at all games.

As the manager of the team named on the reverse side of this roster, I hereby accept responsibility for the **accuracy of this roster.** I understand that I will be held accountable for the conduct of all players on the team, coaches and spectators during all CYC approved contests. As manager I am subject to disciplinary action at the discretion of the CYC Hearing Board and/or the CYC Executive Committee.

PLEASE PRINT ALL INFORMATION

_____ _____ _____ _____
MANAGER FIRST NAME **LAST NAME** **HOME PHONE #** **WORK PHONE #** **FAX #**

_____
ADDRESS **CITY** **ST** **ZIP**

_____ _____ _____
SIGNATURE OF MANAGER **DATE SIGNED** **EMAIL ADDRESS**

****

_____ _____
COACH **COACH**

_____ _____ _____ _____ _____ _____
ADDRESS **CITY** **ZIP** **ADDRESS** **CITY** **ZIP**

_____ _____ _____ _____
HOME PHONE # **WORK PHONE #** **HOME PHONE #** **WORK PHONE #**

_____ _____
EMAIL ADDRESS **EMAIL ADDRESS**