



Arena District Athletic Club  
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325 John H McConnell Blvd Suite 150  
Columbus, Ohio 43215  
Phone: 614-461-7785 Fax: 614-461-7788

**2017 Adult Co-Recreational Kickball League Team Roster**

I hereby make application for entrance in the league and acknowledge that information provided is correct. If my team is accepted, we agree to uphold all rules and regulations of the league.

Name of Team \_\_\_\_\_

PLEASE PRINT LEGIBLY:

<u>Player's Full Name</u>	<u>Telephone</u>	<u>Email address</u>	<u>Shirt Size</u>
1 Captain	_____	_____	_____
2 Co-Captain	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____
16	_____	_____	_____
17	_____	_____	_____
18	_____	_____	_____
19	_____	_____	_____
20	_____	_____	_____
21	_____	_____	_____
22	_____	_____	_____
23	_____	_____	_____
24	_____	_____	_____