



**CITY OF INGLEWOOD**  
**Parks, Recreation and Community Services Department**  
**MASTER ROSTER**



Sport: \_\_\_\_\_

League: \_\_\_\_\_ Youth \_\_\_ Adult \_\_\_

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

Reservation Period: \_\_\_\_\_

Team Contact/Manager: \_\_\_\_\_

Address: \_\_\_\_\_

**FOR OFFICE USE ONLY** RES \_\_\_\_\_ NORES \_\_\_\_\_ NRES/CDBG \_\_\_\_\_

Residency verified by: \_\_\_\_\_

Date: \_\_\_\_\_ Roster expires: \_\_\_\_\_

Player's First Name	Player's Last Name	Address	City	Zip	Phone	School	RES	NON-RES

I certify that the information provided on this roster is true, correct and complete. I also understand that any information found to be untrue, may impact my user status.

Group Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

League: \_\_\_\_\_ Youth \_\_\_\_ Adult \_\_\_\_

Player's First Name	Player's Last Name	Address	City	Zip	Phone	School	RES	NON-RES

I certify that the information provided on this roster is true, correct and complete. I also understand that any information found to be untrue, may impact my user status.

Group Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_