



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: _____