Submit by Email

City of Salem Parks and Recreation Department
YOUTH SPORTS ROSTER FORM

BOOSTER CLUB: ◯ East ◯ North ◯ South ◯ West

YEAR _____

SPORT: ◯ Basketball ◯ Football ◯ Softball ◯ Baseball ◯ Soccer ◯ Cheerleading

DIVISION: _____ ◯ girls ◯ boys

TEAM NAME: _____

Head Coach	Street	City, State, Zip	Home Phone	Work Phone	Email:

Assistant(s) Coaches:	Street	City, State, Zip	Home Phone	Work Phone	Email

	Players Full Name	Address	Phone	League Age	Birthdate mm/dd/year	Jersey (football only)
example	Mark Wayne Moore	925 Union Street Salem VA 24153	(540)111-1111	10	01/01/1996	
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PLEASE MAKE SURE THE FOLLOWING ITEMS ARE COMPLETED:

Coaches information is filled out completely. (This includes phone and email address)