



CLARK COUNTY PARKS AND RECREATION

Office Use
Only
Staff Initials

Date Rec'd:
___/___/___

OFFICIAL ROSTER ADULT BASKETBALL LEAGUES

Date: _____

League: "C", "D", (circle one)

Team Name: _____

Type: Men's

Season: _____

Day: Mon., Tues., Wed., and Thurs. (Circle one)

Year: _____

League Location: Paradise ; Whitney ;

No.	Name of Player (print or type)	Address	Phone No.
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
Manager or Coach:(Please print name)		Address:	Work #:
MANAGER'S OR COACH'S SIGNATURE:		_____	Home #: