City of Livingston Team Roster

League _____ Team _____
Manager _____phone _____ Cell _____
Address _____
City _____ Zip _____
# of Residents _____ # of Non-Residents _____
Staff use: Date Received _____ Intitial _____
All players must have a copy of their current CDL or proof of residency at the first game incase residency is questioned.

Name	Address	City	Phone/Cell	PD