

**TOWN OF CLAY ADULT RECREATION LEAGUE
OFFICIAL ROSTER**

TEAM NAME AND DIVISION: _____

All names on this form must have addresses included to be eligible to play.

NO.	DATE	NAME	ADDRESS	PHONE #
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* 3 on 3 Basketball Limit; ** 5 on 5 Basketball & Volleyball Limit; *** Softball Limit; ****Football Limit