

**LIVINGSTON RECREATION DEPARTMENT
204 HILLSIDE AVENUE
LIVINGSTON, NJ 07039
973-535-7925**

ACTIVITY/SPORT _____ DATE _____

TEAM NAME _____ DIVISION/LEAGUE _____

MANAGER _____ H# - - W# - - C# - -

ASST MANAGER _____ H# - - W# - - C# - -

MANAGER EMAIL _____ ASST MANAGER EMAIL _____

ALL ROSTERS MUST BE TYPED OR COMPLETED ON A COMPUTER WITH ALL THE REQUIRED INFORMATION. INCOMPLETE OR HANDWRITTEN ROSTERS WILL BE RETURNED AND RISK SUSPENSION FROM LEAGUE FOR CURRENT SEASON. EMPLOYER INFORMATION IS REQUIRED ONLY IF NON-RESIDENT.

All persons listed on this roster meet the following qualifications to be eligible to play as required:

- a. Be permanent resident of the Township of Livingston.
- b. Work full-time, year round (30 hour work week) in Livingston for a business paying taxes to Livingston and maintaining an office within the Township.
- c. Have graduated from Livingston High School or any private high school while residing in Livingston at that time.

AS TEAM MANAGER, I VERIFY THAT ALL PERSONS AND INFORMATION LISTED ON THIS ROSTER ARE ACCURATE AND MEET THE ABOVE ELIGIBILITY REQUIREMENTS.

This signed roster form must be attached to a computer generated roster.

X _____
Manager's Signature

Name/ Employer-Non Residents Only	Street	Town	Zip	Telephone
1.				H#
				W#
2.				H#
				W#
3.				H#
				W#
4.				H#
				W#

Name/
Employer-Non Residents Only Street Town Zip Telephone

5. _____ **H#**

_____ **W#**

6. _____ **H#**

_____ **W#**

7. _____ **H#**

_____ **W#**

8. _____ **H#**

_____ **W#**

9. _____ **H#**

_____ **W#**

10. _____ **H#**

_____ **W#**

11. _____ **H#**

_____ **W#**

12. _____ **H#**

_____ **W#**

13. _____ **H#**

_____ **W#**

14. _____ **H#**

_____ **W#**

15. _____ **H#**

_____ **W#**