

**TOWNSHIP OF LIVINGSTON
 SENIOR, YOUTH & LEISURE SERVICES
 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.
- d. Age is determined as of the 1st of the month that the sport begins of the current year. Participants must be 18 years of age to play in the adult sports leagues and 35 in the older designated divisions.

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#**