

2026 NEW BERLIN RECREATION — ADULT SOFTBALL TEAM ROSTER

Managers: Return this completed form along with payment to the Recreation Department no later than 4pm on April 4.

SPONSOR/ TEAM NAME: _____ MANAGER'S NAME: _____

E-MAIL: _____ PHONE #: (CELL) _____ (SECONDARY): _____

DIVISION ENTERED: MONDAY MENS MONDAY CO-ED TUESDAY GOLD TUESDAY SILVER WEDNESDAY MENS BLUE WEDNESDAY MENS GREEN THURSDAY 40+ THURSDAY 50+

#	PLAYER NAME	PRIMARY PHONE #	EMAIL	DATE PD (Office Use)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				



Manager's Signature: _____

Date: _____