



St. Peter Recreation & Leisure Services (507) 934-0667
 600 South 5th Street, Suite 200 – St. Peter, MN 56082

Team Name		League	Adult Flag Football	Year	2021
------------------	--	---------------	---------------------	-------------	------

Player Name	Email (ALL PLAYERS)	Address/City/Zip Code	Phone # (All PLAYERS)	Players Signature
MGR.				
Back up manager.				
3.	<p align="center">Please just complete the manager's information and a backup manager's in case the manager is unreachable or out of town.</p> <p align="center">First and last name of all team members!</p> <p align="center">Thank you!</p>			
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				