

Stamford Bocce League

Team Roster 20__

To be completed by all teams and submitted prior to the first week of play.

Team Name _____

Team Captain _____

Address _____

City, State Zip Code _____

Home Phone _____ Alt. Phone _____

Email Address _____

Player 2 _____

Home Phone _____ Alt. Phone _____

Player 3 _____

Home Phone _____ Alt. Phone _____

Player 4 _____

Home Phone _____ Alt. Phone _____

Player 5 _____

Home Phone _____ Alt. Phone _____

Player 6 _____

Home Phone _____ Alt. Phone _____

Player 7 _____

Home Phone _____ Alt. Phone _____