

VOLLEYBALL LEAGUE ROSTER

Team Name _____ Entry Fee \$ _____

Coach/Manager _____ Player Fees \$ _____

Home Phone _____ Business Phone _____

Cell Phone _____ E-Mail Address _____

Mailing Address _____

League your team will participate in: _____ Rank you team according to ability _____

Mixed Comp.	<input type="checkbox"/>	Mixed 4v4	<input type="checkbox"/>	(1-10) 1 = Good, 10 = Bad _____
Mixed Rec.	<input type="checkbox"/>	Mens 4v4	<input type="checkbox"/>	
Womens Comp.	<input type="checkbox"/>	Womens 4v4	<input type="checkbox"/>	
Womens Rec.	<input type="checkbox"/>			

Name	Address	Phone Home/Business
1		/
2		/
3		/
4		/
5		/
6		/
7		/
8		/
9		/
10		/

Information about your team (This will help put the team in the proper league or division)



_____ Date

_____ Coach or Manager