



2019 – 2020 Sunday Co-Rec Volleyball League – Roster

Team Name _____

Team Manager's Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____ (Work) _____

Email (Required) _____

Include all participating team members, including playing team manager:

1. Name _____ Phone _____ Date of Birth _____ Address _____ Email (required) _____	9. Name _____ Phone _____ Date of Birth _____ Address _____ Email (required) _____
2. Name _____ Phone _____ Date of Birth _____ Address _____ Email (required) _____	10. Name _____ Phone _____ Date of Birth _____ Address _____ Email (required) _____
3. Name _____ Phone _____ Date of Birth _____ Address _____ Email (required) _____	11. Name _____ Phone _____ Date of Birth _____ Address _____ Email (required) _____
4. Name _____ Phone _____ Date of Birth _____ Address _____ Email (required) _____	12. Name _____ Phone _____ Date of Birth _____ Address _____ Email (required) _____
5. Name _____ Phone _____ Date of Birth _____ Address _____ Email (required) _____	13. Name _____ Phone _____ Date of Birth _____ Address _____ Email (required) _____
6. Name _____ Phone _____ Date of Birth _____ Address _____ Email (required) _____	14. Name _____ Phone _____ Date of Birth _____ Address _____ Email (required) _____
7. Name _____ Phone _____ Date of Birth _____ Address _____ Email (required) _____	15. Name _____ Phone _____ Date of Birth _____ Address _____ Email (required) _____
8. Name _____ Phone _____ Date of Birth _____ Address _____ Email (required) _____	