



Volleyball Team Roster

Team Name _____ **League/Site** _____
Manager _____ **Address** _____
Phone H) _____ **W)** _____ **Email:** _____

*Players signature acknowledges that he/she has read the League rules & agrees to abide by the same during the 2017 season.

| | Name (<i>Print</i>) | Address | Hm Phone | Wrk Phone | *Signature of Player |
|-----|-----------------------|---------|----------|-----------|----------------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ | _____ | _____ |
| 9. | _____ | _____ | _____ | _____ | _____ |
| 10. | _____ | _____ | _____ | _____ | _____ |
| 11. | _____ | _____ | _____ | _____ | _____ |
| 12. | _____ | _____ | _____ | _____ | _____ |

- *Please Note:
1. Roster limit is 12 players.
 2. Players must be 16 years of age or older.
 3. Rosters are frozen after the 3rd week of play.
 4. Any questions, call (309) 434-2260.