

Monday Night Womens Volleyball

Team Name: \_\_\_\_\_

Team Captain: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Roster:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

All Subs must be listed on your roster. Subs must play 2 league matches in able to play in end of year tournament.

\$175.00 per team.