



SIDELINERS GRILL

VOLLEYBALL REGISTRATION FORM

NIGHT: T W TH F

LEAGUE: 2'S (T only) 4'S 6'S (W, TH, F)

LEVEL: BEGINNERRECREATIONAL INT/ADVANCED

TEAM NAME _____

TEAM CAPTAIN _____

WORK NUMBER _____

CELL PHONE _____

E-MAIL _____

ROSTER

	Name	E-Mail
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
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12.	_____	_____