

2009 Country Lanes North Youth Volleyball Roster

Please Circle

recreational or intermediate

Fridays 11am-4pm

Team Name _____

Team Captain _____ Home Phone _____

Address _____ City _____

State _____ Zipcode: _____

e-mail: _____ Cell Phone _____

Players 1. _____ 8. _____
2. _____ 9. _____
3. _____ 10. _____
4. _____ 11. _____
5. _____ 12. _____
6. _____ 13. _____
7. _____ 14. _____

**** ALL TEAM PLAYERS MUST FILL OUT A PARTICIPATION WAIVER AGREEMENT ****

TURN IN ROSTERS TO FRONT DESK