

2011 ADULT "FALL" VOLLEYBALL ROSTER

(CHECK ONE)

____ COED (Mon)

____ WOMEN (Wed)

Sponsor/Team Name: _____

Manager: _____

Phone: (C) _____ (H) _____ (W) _____

Address: _____

Manager's E-mail address: _____

Did your team play in last year's Fall League: NO ____ YES ____ Team Name: _____

Did your team play in last year's Winter League: NO ____ YES ____ Team Name: _____

Circle the proper league level at which you feel your team would be competitive. (# 1 IS TOP LEAGUE)

COED: 1 2 3

WOMEN: 1 2 3 4 5

I, and all my executors, administrators hereby waive and release any and all rights and claims against the Dickinson Parks & Recreation District, Dickinson Public & Catholic Schools, Dickinson State University, and all those associated with this program from any liability for injuries which may occur while participating in this program.

OFFICE USE ONLY PLAYER FEE	PLAYER'S NAME (Please Print)	ADDRESS	CITY	PHONE	SIGNATURE	AGE	T-SHIRT SIZE
\$32	1)						
\$32	2)						
\$32	3)						
\$32	4)						
\$32	5)						
\$32	6)						
\$32 (min # players)	7)						
\$32	8)						
\$32	9)						
\$32	10)						
\$32	11)						
\$32	12)						

OFFICE USE ONLY

SPONSOR FEE: \$70

Number of Player Fees Paid @ Registration:

RECEIVED BY (initials):