## **ADULT COED 6 v 6 SAND VOLLEYBALL LEAGUE ROSTER (SUMMER)**

Team: Sponsor: Mailing Address: Manager: E-mail Address: Assistant Manager: E-mail Address:  Fee for League - \$125 per team Registration Deadline: Friday, May 31  *All team & participant information is required!  Name Age	City: Zip:  Phone: Work:  Cell:  Phone: Work:  Cell:  Games: Sunday afternoon/evenings  League Dates: June 9 - July 28  Single Elimination Tourney: August 4  Phone Number	
Mailing Address:  Manager:  E-mail Address:  Assistant Manager:  E-mail Address:  Fee for League - \$125 per team Registration Deadline: Friday, May 31  *All team & participant information is required!	Phone: Work:  Cell:  Phone: Work:  Cell:  Games: Sunday afternoon/evenings  League Dates: June 9 - July 28  Single Elimination Tourney: August 4	
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Name Age	Phone Number	
Name Age	Phone Number	
Fees Due: Date:	Staff:	
Team Waiver:  I certify that all players listed above are in normal health and capable of participant permission for him/her to play and in doing so I hereby release any right have against the Tipton Recreation Department, its Board of Directors, employed as NOT compact and incompact and incompa	s and claims for injuries and damages I may	t.
does NOT carry accident insurance on league participants.  Managar's Signature:		