Holiday Volleyball Roster Form

Held on Mondays * November 24-December 29 * $125/team

Team Name: _____

Manager's Name: _____

Manager's Address: _____

_____

Manager's Phone: (H) _____ **(C)** _____

Manager's Email: _____

	Name	Address	Email Address	Phone #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Minimum of 6 players and maximun of 15 players on your roster.
515210-1A

Register by: Mall in, in person at Donner Center, fax to (812)378-2892 or email (see website).

Charge Card # _____ Exp. Date _____

CVV2 Code (3 digit code on back of card) _____

Card issued to : _____

ROSTER MUST BE FILLED OUT COMPLETELY - Incomplete rosters will not be accepted.