

**NORTH TONAWANDA DEPARTMENT OF**

**YOUTH, RECREATION & PARKS**

**2023/2024 – VOLLEYBALL TEAM ROSTER FORM**

CIRCLE: RESIDENT OR NON-RESIDENT TEAM

TEAM NAME: \_\_\_\_\_

CIRCLE: Monday "A Division" CO-ED or Wednesday "B Division"-Women

**Player's Name** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone number** \_\_\_\_\_

**1.** \_\_\_\_\_

**2.** \_\_\_\_\_

**3.** \_\_\_\_\_

**4.** \_\_\_\_\_

**5.** \_\_\_\_\_

**6.** \_\_\_\_\_

**7.** \_\_\_\_\_

**8.** \_\_\_\_\_

**9.** \_\_\_\_\_

**10.** \_\_\_\_\_

**11.** \_\_\_\_\_

**12.** \_\_\_\_\_

**13.** \_\_\_\_\_

**14.** \_\_\_\_\_

**15.** \_\_\_\_\_

#1 team contact person: \_\_\_\_\_ email: \_\_\_\_\_

Address \_\_\_\_\_ cell: \_\_\_\_\_ Home: \_\_\_\_\_

#2 team contact person: \_\_\_\_\_ email: \_\_\_\_\_

Address \_\_\_\_\_ cell: \_\_\_\_\_ Home: \_\_\_\_\_