

**NORTH TONAWANDA DEPARTMENT OF  
YOUTH, RECREATION & PARKS**

2024-2025 VOLLEYBALL TEAM ROSTER FORM

CIRCLE:    RESIDENT   OR    NON-RESIDENT   TEAM

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

Wednesday "B Division"-Women

<b>Player's Name</b>	<b>Address</b>	<b>Phone number</b>
----------------------	----------------	---------------------

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: \_\_\_\_\_