

CITY OF ALLENTOWN PARS & RECREATION - VOLLEYBALL TEAM ROSTER FORM

TEAM NAME	
DIVISION	

CAPTAIN'S INFORMATION	PHONE NUMBER	EMAIL ADDRESS
Name:	H:	
Address:	W:	
	C:	

#	PLAYER'S NAME	T-SHIRT SZ.	PHONE #	E-MAIL ADDRESS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

NOTES: *Please provide any scheduling requests your team may have. Roster limit size is 12. (6 players / 6 substitutes)