

2019 SEDALIA PARKS & RECREATION DUSK TIL DAWN VOLLEYBALL ROSTER FORM

TEAM NAME: _____ Captain: _____ League Request: _____

Address: _____ MO _____

Street _____ City _____ Zip _____

Phone: (C) _____ (H) _____ Email: _____

| Name | Street Address (Optional) | City, State, Zip (Optional) | Phone # (MANDATORY) |
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Manager's Signature: _____ Date: _____ Early or Open Registration: _____ League Fee \$: _____