

2020 SEDALIA PARKS & RECREATION GLOW VOLLEYBALL TOURNAMENT

TEAM NAME: _____ Captain: _____ League Request: _____

Address: _____ MO _____

Phone: (C) _____ Street _____ City _____ (H) _____ Email: _____ Zip _____

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