

## 2023 SEDALIA PARKS & RECREATION ADULT VOLLEYBALL ROSTER

TEAM NAME: \_\_\_\_\_ Captain: \_\_\_\_\_ League Request: \_\_\_\_\_

Address: \_\_\_\_\_ MO \_\_\_\_\_

Phone: (C) \_\_\_\_\_ Street \_\_\_\_\_ (H) \_\_\_\_\_ City \_\_\_\_\_ 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 \$: \_\_\_\_\_