

## 2025 SEDALIA PARKS & RECREATION WINTER VOLLEYBALL ROSTER FORM

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

Captain: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City **MO** 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 \$: \_\_\_\_\_