

2026 SEDALIA PARKS & RECREATION SPRING 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 \$: _____