



Adult Volleyball Team Roster

Team Name _____ League (*select*) Comp Int Rec Women's _____
Manager _____ Email _____
Phone _____

Players signature acknowledges that he/she has read the updated League rules & agrees to abide by the same during the 2025 season.

Name (<i>Print</i>)	Email	Phone	*Signature of Player
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____

- *Please Note:
1. Roster limit is 12 players.
 2. Players must be 16 years of age or older.
 3. Rosters are frozen after the 3rd week of play.
 4. Any questions, call (309) 434-2260.