

SACRAMENTO VOLLEYBALL LEAGUE ROSTER

	Name	Street Address	City	County	Zip	Day Phone	Home Phone
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

	Name	Address	City	County	Zip	Day Phone	Home Phone
Team Manager							
Alternate Contact							

Team Name

Night Playing

Division

Total Fees	Received By

E MAIL ADDRESS _____

This file can be saved with your input only if you use Acrobat Standard or Professional - not Acrobat Reader. If you are using Reader, please print this page before closing as all information will be lost.