



2016 • TAAF | McALLEN • 2017

OFFICIAL TEAM ROSTER FORM

VOLLEYBALL

Sport

Team Name

Division

NOTE:1.) Each player, parent/guardian and team manager should read the statements on **Page 2** before completing and signing this roster. 2.) Parents/Guardians signature should be on the same numbered line below as player's signature.

	PRINT OR TYPE PLAYER'S NAME	PLAYER'S SIGNATURE	RESIDENCE (STREET, CITY, STATE, ZIP)	HM PHONE	WK PHONE	DATE OF BIRTH	PARENTS-GUARDIAN SIGNATURE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
MAX							

TEAM MANAGER'S GUARANTEE:

 Manager's Name (Print) Signature of Team Manager Manager's Address (Print) Home/Cell Ph Wk Ph Email

TEAM NAME: _____