

VICTORY LANE SPORTS PARK

HIGH SCHOOL LEAGUE SAND VOLLEYBALL

TEAM & MANAGER INFORMATION: *(please print legibly)*

Team Name: _____ Manager's Name: _____

Address: _____ City: _____ State: **AZ** Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

LEAGUE INFORMATION:

Season: *(circle one)* **Spring: I or II** **Summer: I or II** **Fall: I or II**

Day of the week:	<input type="radio"/> Monday	<input type="radio"/> Tuesday	<input type="radio"/> Wednesday	<input type="radio"/> Thursday	<input type="radio"/> High School Sunday's
Team Size: (choose 1)	<input type="radio"/> 4's	<i>Or</i>	<input type="radio"/> 6's		
Team Type: (choose 1)	<input type="radio"/> Coed	<i>Or</i>	<input type="radio"/> Men's		
Division: (choose 1)	<input type="radio"/> Recreational	<i>Or</i>	<input type="radio"/> Competitive		

▷ Every effort will be made to place teams in divisions appropriate to their skill level.

TEAM ROSTER

List all team members, including manager. Only listed players are eligible for play-offs. See league information for more details. Listed information will only be provided to the team manager.

	Player Name	Player Phone Number	Waiver
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Manager's Signature: _____ **Date:** _____

Notes/Special Requests for the season: