



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

McPherson Family YMCA Volleyball Team Roster Fall League 2010

League Competitive Intermediate Recreational Coed Team Name _____

Captain's Name _____ Home Phone _____

Captain's Address _____ Work Phone _____

E-Mail Address _____
(for quick league standings, schedule and tournament updates)

ENTRY FEES MUST ACCOMPANY ROSTER

Rosters include six players. If you are going to have more than six, designate subs.

If you are playing with 6+ full time, everyone must pay league fee.

Questions? Contact Alana Murphy at (620) 245-4142

NAME	ADDRESS/ EMAIL ADDRESS	HOME PHONE/ WORK PHONE/ CELL PHONE	MEMBER \$26.75 NON-MEMBER \$63.75	T-SHIRT SIZE <i>(FOR SEASON CHAMPS)</i>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
SUB				
SUB				
SUB				

Cash: _____ Check: # _____ Amt. Paid: _____ Date: _____ Int.: _____