

OSWEGO PARKS AND RECREATION * VOLLEYBALL ROSTER

Team name: _____

Manager's name: _____

Address: _____

Phone #: _____

League request: _____

| |
|---------------|
| Fee: \$100.00 |
|---------------|

Player's Name

1. _____
2. _____
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19. _____
20. _____

Waiver/Release forms must be received prior to participation.