



Recreation Dept. Use only:

DEPARTMENT OF RECREATION  
KENOSHA UNIFIED SCHOOL DISTRICT NO. 1  
2717 - 67<sup>TH</sup> STREET  
KENOSHA, WISCONSIN 53143  
PHONE: 359-6255

WOMEN'S VOLLEYBALL LEAGUE

TEAM ROSTER

TEAM NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MANAGER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

MANAGERS E-MAIL ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

	<u>PLAYERS</u>	<u>AGE</u>	<u>ADDRESS</u>	<u>ZIP CODE</u>	<u>PHONE</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____

Would like to play at: (School)  
Circle school preference

Would like to play on: (Day of the Week)  
Check appropriate box

LANCE

Tues  Wed

WASHINGTON

\* Mon-A

(\* Indicates Power A=Most Competitive)

Team Entry Fee Paid \_\_\_\_\_ (@\$280.00 per team, tax included)

**(6 player team = \$280.00)**  
**(7 player team = \$280.00)**  
**(8 player team = \$280.00)**

*Please sign team name, night of play, school, mangers name & address if wanting to participate in reserved Spring Pre-registration.*

Team Name	Night of Play	School	Managers Name
Address	City/State/Zip Code		