



Jefferson City Parks, Recreation and Forestry Adult Volleyball Roster

For Office Use Only:

Night: _____
 League: _____
 Location: _____
 Activity Number: _____
 Season/Date: _____

Manager

Team Name

Address: _____

Cell _____

Work _____

City _____

Zip Code _____

E-Mail _____

	Players	E-Mail Address	Cell Phone
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

INCOMPLETE ROSTERS WILL NOT BE ACCEPTED!