

Youth Volleyball Player Roster

SCHOOL:	GRADE(s): GENDER:	Team roster must be
TEAM NAME:		submitted prior to first game. Please make a copy
COACH NAME:	ASST COACH:	and keep for your records.
COACH ADDRESS:		Mail copy of this form to:
CITY/STATE/ZIP:		Portland Parks & Recreation Sports Office/Volleyball
CONTACT PHONE:	ASST COACH PHONE:	10850 N Denver, Suite 1302 Portland, OR 97217
E-MAIL ADDRESS:	ASST COACH EMAIL:	or fax to 503-823-1655

Please type or print clearly

Player Name	Number	Player Address	Zip Code	Date of Birth	Parent/Guardian Name	Contact Phone
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