

**Charlestown Rescue VOLLEYBALL LEAGUE 2013  
TEAM REGISTRATION & ROSTER**

Please fill out this form listing the names of the players you intend to have playing this season. By listing the names of the players here, a team roster will be compiled for our records.

**TO BE ELIGIBLE PLAYERS MUST BE 18 YEARS OLD**

**\*\*All players must be 16 prior to being listed on roster or playing in any game\*\***

Team Name: \_\_\_\_\_

Team Captain (contact person) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**\*\*\*2013 Volleyball League ARE CO-ED SIXES\*\*\***

|     | <i>Name (please print)</i> | <i>Email</i> | <i>Shirt Size</i> |
|-----|----------------------------|--------------|-------------------|
| 1.  | _____                      | _____        | _____             |
| 2.  | _____                      | _____        | _____             |
| 3.  | _____                      | _____        | _____             |
| 4.  | _____                      | _____        | _____             |
| 5.  | _____                      | _____        | _____             |
| 6.  | _____                      | _____        | _____             |
| 7.  | _____                      | _____        | _____             |
| 8.  | _____                      | _____        | _____             |
| 9.  | _____                      | _____        | _____             |
| 10. | _____                      | _____        | _____             |