



Dawson Creek Volleyball

2024-2025 Season

CO-ED OR LADIES

NAME OF TEAM: _____

Team Representative (contact person): _____

Physical Address: _____

Telephone: _____ Email: _____

Alternate Contact Person: _____

Telephone: _____ Email: _____

Returning Team: YES or NO **Previous Team Name (If Any)** _____

I _____ as the team representative for the above-named team have read and understand the rules and regulations for the Community Services Volleyball League. **I will be responsible to ensure that my team abides by these rules and further understand that if there are any problems, my team can be disqualified from the league without refund.**

Team Representative's Signature

Date

*Please provide two contacts to be shared amongst the teams for last minute forfeit purposes.

Alternative Team Representative's Signature

Name & Phone Number



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NAME OF TEAM: _____

TEAM ROSTER

NAME	PHYSICAL ADDRESS	PHONE	ALLERGIES <i>(Please specify)</i>	DATE OF BIRTH <i>(if 15-19 yrs.)</i> Must have signed waiver.
1.				
2.				
3.				
4.				
5.				
6.				
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11.				
12.				