



# Dawson Creek Volleyball League

☐ CO-ED      OR      ☐ LADIES

**NAME OF TEAM:** \_\_\_\_\_ **Year:** \_\_\_\_\_

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**



# Dawson Creek Volleyball League

NAME OF TEAM: \_\_\_\_\_

## TEAM ROSTER

NAME	PHYSICAL ADDRESS	PHONE	ALLERGIES (Please specify)	DATE OF BIRTH (if 15-19 yrs.) Must have signed waiver.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				