

629 Fairground Road
Lewisburg, PA 17837



Tel 524-4774
Fax 524 - 9559

4 - VS - 4 CO-ED SAND VOLLEYBALL LEAGUES TEAM ENTRY FORM

TEAM NAME: _____

Tuesdays, 6:15 – 8:30pm (Competitive)
Half of summer games are played on a grass court

CAPTAIN: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

OFFICIAL TEAM ROSTER

<u>PLAYER'S NAME</u>	<u>PHONE</u>	<u>Residency</u>	<u>SIGNATURE</u>
1.			
2.			
3.			
4.			
5.			
6.			

June 8 – August 10
\$15.00 / \$19.50 NR each PLAYER
ALL ROSTER CHANGES MUST BE DONE ON THIS FORM.

ALL PLAYER INFORMATION AND SIGNATURES MUST BE
RECORDED ON THIS FORM.

*Entry form is due no later than Friday, May 28, 2010 by 4:00 P.M.
at the LARA office*