



Recreation Dept. Use only:

DEPARTMENT OF RECREATION
KENOSHA UNIFIED SCHOOL DISTRICT NO. 1
2717 - 67TH STREET
KENOSHA, WISCONSIN 53143
PHONE: 359-6255

WOMEN'S VOLLEYBALL LEAGUE

TEAM ROSTER

TEAM NAME: _____ DATE: _____

MANAGER: _____ ADDRESS: _____

MANAGERS E-MAIL ADDRESS: _____

CITY/STATE: _____ ZIP: _____ PHONE: _____

	<u>PLAYERS</u>	<u>AGE</u>	<u>ADDRESS</u>	<u>ZIP CODE</u>	<u>PHONE</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____

Would like to play at: (School)

Circle school preference

LANCE

Washington

Would like to play on: (Day of the Week)

Check appropriate box

*

Mon-B Tues Wed

*

Mon-A

(* Indicates Power A=Most Competitive)

Team Entry Fee Paid _____ (@\$129.00 per team, tax included)

(6 player team = \$281.00)

Player Fee Paid _____ (@\$24.00 per player, tax included)

(7 player team = \$305.00)

(8 player team = \$329.00)

Trophy Fee Paid _____ (@\$8.00 per team)

TOTAL DUE _____

.....over

Please sign team name, night of play, school, mangers name & address if wanting to participate in reserved Spring Pre-registration.

Team Name	Night of Play	School	Managers Name
Address	City/State/Zip Code		