



City of Waupaca Parks and Recreation

407 School St | (715) 258-4435 | Office Hours: M-F 7:30 a.m.-4 p.m.

Team Roster- Volleyball

Team Name: _____

Team Captain: _____

Captains Address: _____

Co-Captain: _____

Phone: () _____

Co-captain Address: _____

Phone: () _____

Captain Email: _____

Co-Captain Email: _____

Players Name	Email Address	Phone	Date of Birth	Fee	Paid
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					

All fees must be paid PRIOR to participation. Any changes must be made by the captain or co-captain in person and all player information must be fully completed!

I confirm the above information is accurate and that proof may be required.

 Signature of Captain

Revised: 10/28/2014

Sponsor Paid: \$ _____
 Player's Fee (In Town): \$ _____
 Player's Fee (Out of Town): \$ _____

Office Use Only
Approval: _____