

YEAR_____

ADULT CO-ED VOLLEYBALL MANAGER'S INFORMATION CARD

NAME OF TEAM_____

MANAGER'S NAME_____

ADDRESS_____

CITY_____ ZIP CODE_____

HOME PHONE_____ WORK PHONE_____ CELL PHONE_____

E-MAIL ADDRESS_____

League Desired:

TUESDAY (OPEN LEAGUE)_____

Payment amount and Type (CASH or Visa) \$
