

CICERO ADULT VOLLEYBALL LEAGUE ROSTER

Team Name _____

Division _____

*Manager _____

Captain (Different than Manager) _____

Address _____

Address _____

_____ Zip _____

_____ Zip _____

E-mail: _____

E-mail: _____

Phone: (H) _____ (W) _____

Phone: (H) _____ (W) _____

***Mailings only to Team Manager**

Office Use Only:	Date _____	Fees Paid _____	Method of Payment _____	Receipt # _____
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Office Use Only:				
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