



FINAL TEAM ROSTER

Must be signed by **ALL** players and received in the league's mailbox, with necessary postage, *by the last Friday in October.*

For the 20__ - 20__ Season = OCTOBER ____, 20__

NORTH BAY LADIES VOLLEYBALL LEAGUE

66 Josephine Street
PO Box 24004
North Bay, ON P1B 0C7

TEAM NAME: _____ **DIVISION:** _____

1st Contact Person: _____

Address: _____

Postal Code: _____

Phone: (w) _____ (h) _____

email: _____

2nd Contact Person: _____

Address: _____

Postal Code: _____

Phone: (w) _____ (h) _____

email: _____

(*note: all League email will include "NBLVL" in the Subject Line for identification)

PLAYER'S NAME (please print)	PLAYER SIGNATURE	PH. NUMBER	DATE	(pls circle) PHOTO RELEASE
1.				Yes / No
2.				Yes / No
3.				Yes / No
4.				Yes / No
5.				Yes / No
6.				Yes / No
7.				Yes / No
8.				Yes / No
9.				Yes / No
10.				Yes / No
11.				Yes / No
12.				Yes / No
13.				Yes / No
14.				Yes / No
15.				Yes / No
16.				Yes / No

(if necessary, please use the back of this sheet for further team players!)

FOR LEAGUE USE:

Date Stamped:	Date Rec'd by Executive:	By Whom:
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