



## West Haven Centennial Co-Ed Beach Volleyball Tournament Roster

Manager's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Rate your team's level of play: \_\_\_\_\_ Advance \_\_\_\_\_ Novice \_\_\_\_\_ Team Name: \_\_\_\_\_

*I acknowledge that I have read each and every one of the provisions printed on the back of this page named "Release of Liability and Indemnification Form" and agree to abide by them.*

Shirt Size	Player's Name	DOB	Cell #	Emergency contact name & phone #	Signature <small>*If under 18yrs. parent or guardian signature REQUIRED*</small>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**\*\* CHECKS PAYABLE TO: City of West Haven-Centennial Account**  
 Fee: \$100 (CA) \_\_\_\_\_ (CK#) \_\_\_\_\_ Date Received: \_\_\_\_\_