TEAM ROSTER

Team Information

Team Name: _____

Playing Division (For Bids): OPEN AA A BB (Circle Only One)

Team Contact: _____

Day Time Phone: _____ Evening Phone: _____

E-Mail: _____

Player Information

(If USAV # is unknown…but you have registered enter **IN PROGRESS** below)

Player Name	USAV #	Shirt Size	E-Mail Address	Signature

Total T-Shirts: Small _____ Medium _____ Large _____ X-Large _____ XXL _____

Team Contact Signature: _____ Date: _____

By signing above I agree that all of my team members are fully registered with the Florida Region of USA Volleyball. I understand that if I compete with an unregistered member my team will forfeit all related matches and we will lose our eligibility to attend the USA Volleyball Adult National Championships.