

LMRA Sand Volleyball Team Roster

League: (Fill in) _____ (Mon Triples Rec/Open, Tues Quad, Wed Quad Rec/Open, Fri 6 Person)

Team Name: _____

	Name (Required) Email (Captains required)	Phone	Shirt Size
1*			
2**			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

* Captain

** Co-Captain

All league participants must be Volleyball Activity members (must have vball cards).