Recreation Services

Vaughan Sports Leagues Volleyball Team Roster

VAUGHAN



		Season Start: Co-Captain Name:		
Tea	am Members (Including Captain	ıs)*:		
1.	Full Name:			Waiver attached 🗌
	Address:	City:	Postal Code:	
	Email:	Phone #:	Date of Birth:	
2.	Full Name:			Waiver attached \Box
	Address:	City:	Postal Code:	
	Email:	Phone #:	Date of Birth:	
3.	Full Name:			Waiver attached \Box
	Address:	City:	Postal Code:	
		Phone #:		
4.	Full Name:			Waiver attached \Box
		City:		
		Phone #:		
5.	Full Name:			Waiver attached 🗌
		City:		
	Email:	Phone #:	Date of Birth:	
6.	Full Name:			Waiver attached 🗌
		City:		
	Email:	Phone #:	Date of Birth: .	
7.	Full Name:			Waiver attached \Box
		City:		
		Phone #:		
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8.		City:		Waiver attached
		Phone #:		
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