## Adult SAND Volleyball Roster (2024)

	Registration	Deadline: April 18, 2	024	1 (Re	oste	er = 5	play	yer min.)					
All sponsor & playe	er fees MUST BE PAID IN FULL when all fees ahead of time and	team registration is submitted to I submit them as one team regist					-		-	ponsibility	to c	ollect	
Check the prope	r league level at which you feel	WOMEN: Tuesday	1		2		3	4	5		6		
your team would be competitive. (#1 IS TOP LEAGUE)		COED: Thursday	1		2		3	4	5		6		
		Did team play last summer?		No		Yes	es What Name						
Team:													
Manager:					Cell Phone				Alt. Phone				
E-mail Address:													
Mailing Address:				City					State .	Zip			
I, and all my executors, administrators hereby waive and release any and all rights and claims against the Dickinson Parks & Recreation District, Dickinson Public & Catholic Schools, Dickinson State University, and all those associated with this program from any liability for injuries which may occur while participating in this program. I also understand that DPR staff or their representatives may photograph participants enrolled in programs, classes or events for use in DPR promotions.													
OFFICE USE ONLY	PLAYER'S NAME	EMAIL PHONE				SIGNATURE		AGE	T-SHIRT SIZE				

PLAYER			PLAYER'S NAME	ADDRESS / CITY	EMAIL	(cell #)	SIGNATURE	AGE	T-SHIRT SIZE		
	\$45	1)									
	\$45	2)									
	\$45	3)									
	\$45	4)									
	\$45	5)									
	\$45	6)									
	\$45	7)									
	\$45	8)									
	\$45	9)									
	\$45	10)									
SPONSOR >	\$125	Tota	al Fees Paid @ Registration:		PACKET R	PACKET RECEIVED BY (DPRD Employee initials):					
NOTES:											