TEAM ROSTER

2024 Coed Volleyball

Please email completed form to parks.rec@juneau.gov by Thursday, January 11.

The \$50 late fee will be charged to the team if received during late registration on Friday, January 12.

	Print Name	Email Address	Registration/ Receipt Payment Number		
1					
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3					
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12					
leam M	anager:	Day Phone:	I		
	Address:		Eve Phone:		
	Address:n Manager:				
Mailing	Address:				
abide by	R/ALTERNATE: I will read and transmit the league rule said rules. I will be the official contact between Parks I will relay all messages received from Parks and Rec	s and Recreation and can be reached			
Manage	er Signature:				
5					

Team Name:_____ Receipt # (for team fee):_____

OFFICE USE ONLY: Date Received:_____

CLASSIFICATION SHEET

2024 Coed Volleyball

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1. What division do you want to play this season?

	First Choice	1	2	3North	3South	4	5	
	Second Choic	e 1	2	3North	3South	4	5	
2.	If your team playe	ed last seas	on, wh	at division di	d it play in?			
	2023 COED	1	2	3North	3South	4	5	
3.	How many memb	er's are ret	urning	from last sec	son?			
4.	How many years h	nas this tea	m (cor	e group of 3	or more) play	ed toge	ether?	
5.	5. Compared to last season's team, how do you rate this team? Better About the Same Worse New Team							
6.	How many player	s on your te	eam ar	e new to the	game of voll	eyball?		

7. List player experience below:

	Player's Name	List P&R volleyball team and season you participated in	How many years of past experience do you have?
1			
2			
3			
4			
5			
6			
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9			
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11			
12			

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