TEAM ROSTER

2025 Coed Volleyball

Please email completed form to parks.rec@juneau.gov by Thursday, January 9.

The \$50 late fee will be charged to the team if received during late registration on Friday, January 10.

	Print Name	Email Address	Registration/ Receipt Payment Number				
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
Team Manager: Day Phone:							
Email:		Eve Phone:					
Mailing	Address:						
	n Manager:						
Mailing	Address:						
MANAGER/ALTERNATE: I will read and transmit the league rules to the members of my team and agree that my team will abide by said rules. I will be the official contact between Parks and Recreation and can be reached at the above phone numbers. I will relay all messages received from Parks and Recreation to the members of my team.							
Manager Signature:							
Team Name: Receipt # (for team fee):							
OFFICE USE ONLY: Date Received:							

CLASSIFICATION SHEET

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1.	Vhat division do you want to play this season?							
	First Choice	1	2	3North	3South	4	5	
	Second Cho	ice 1	2	3North	3South	4	5	
2.	If your team play	yed last seas	on, who	at division did	it play in?			
	2024 COED	1	2	3North	3South	4	5	
3.	How many mem	nber's are re	urning 1	from last seasc	on?	_		
4.	. How many years has this team (core group of 3 or more) played together?							
5.	. Compared to last season's team, how do you rate this team? Better About the Same Worse New Team							
6.	. How many players on your team are new to the game of volleyball?							
7.	List player exper	ience 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			
7			
8			
9			
10			
11			
12			

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