

30th ANNUAL CASPER OPEN VOLLEYBALL TOURNAMENT
ROSTER FORM

TEAM NAME_____

TEAM MANAGER_____

CELL PHONE NUMBER_____

TEAM DIVISION_____

ADDRESS_____

CITY_____ STATE____ ZIP_____

PLAYERS NAMES

SHIRT SIZE

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

*Shirts will be mailed approximately two weeks after the tournament