

2019
YORK CITY RECREATION AND PARKS
R.D. BEACH VOLLEYBALL LEAGUE
ROSTER

We agree that we will in no way hold liable the City of York, the York City Recreation and Parks Bureau for any injury that might occur while participating in the Beach Volleyball League.

PLAYER'S SIGNATURE _____ TELEPHONE NUMBER _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

ROSTER CHANGES MAY BE MADE UNTIL JUNE 6, 2019

NAME OF TEAM _____

COACH OR CAPTAIN _____

ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE (____) _____ (Cell) (____) _____ (H or W)

I want to enter a team in:

CO-ED (6 PERSON) – TUESDAYS
Check preference: (A) division _____ (B) division _____

Mail or turn in entry form & fee to: R.D. VOLLEYBALL
101 S GEORGE STREET
P.O. BOX 509
YORK PA 17405

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COACH OR CAPTAIN _____

ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE: (____) _____ Cell) (____) _____ (H or W)

I want to enter a team in:

(Please Circle One)

Check preference: (A) division _____ (B) division _____

WOMEN'S FOURS – MONDAYS
MEN'S FOURS - WEDNESDAYS

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NAME OF TEAM _____

COACH OR CAPTAIN _____

ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE: (____) _____ (Cell) (____) _____ (H or W)

I want to enter a team in:

(Please Circle One)

CO-ED DOUBLES – WEDNESDAYS

WOMEN'S DOUBLES – THURSDAYS

MEN'S DOUBLES – THURSDAYS

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