CITY OF SAINT PAUL **Year Fall 2015**
DIVISION OF PARKS AND RECREATION
MUNICIPAL ATHLETICS
1500 N. RICE STREET
SAINT PAUL, MN 55117

TEAM NAME_____ **LEAGUE NAME** St. Paul P&R B or D **NIGHT OF PLAY** Thursday's

SPORT Adult Volleyball **ADULT:** **WOMEN'S**_____ **CO-REC**_____ **FIELD/LOCATION SITE:** El Rio, Hazel Park, & other rec. centers if needed

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ROSTER REQUIREMENT: Roster must be completed, signed, and submitted by team MANAGERS to the Municipal Athletics Office prior to first scheduled game.
Rosters can be e-mailed to: muni@ci.stpaul.mn.us, fax: 651-558-2237, or US postal/in person to: Municipal Athletics, 1500 Rice St., St. Paul MN 55117

*All players must have a Minnesota Driver's License I.D., bordering State I.D., Military picture I.D., or Company picture I.D.
*Additions or subtractions may be made until 24 hours prior to the start of the second half of the league schedule.
*Additions must be received in writing prior to the halfway point of the season to Municipal Athletics.

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MANAGER'S NAME_____ **ADDRESS**_____ **PHONE**_____
Home/Work_____
CITY & ZIP_____ *****MANAGER'S E-MAIL ADDRESS***_____

PLAYERS LISTED BELOW ARE MEMBERS OF THIS TEAM AND ARE ELIGIBLE PARTICIPANTS.

Manager's Signature_____

(PLEASE PRINT CLEARLY)

PLAYER'S NAME	HOME ADDRESS, CITY & ZIP	DAY PHONE	WORK ADDRESS	WORK PHONE	E-MAIL ADDRESS