

Year Fall 2017

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

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.

CITY & ZIP _____ ****MANAGER'S E-MAIL ADDRESS** _____

Manager's Signature _____

(PLEASE PRINT CLEARLY) **(Electronically completed is preferred)** *Please complete all information.*

[illegible]