

2025 NEW BERLIN RECREATION — ADULT VOLLEYBALL TEAM ROSTER

Managers: Return this completed form along with payment to the Recreation Department no later than 4pm on Feb, 27

SPONSOR/ TEAM NAME: _____ MANAGER'S NAME: _____

E-MAIL: _____ PHONE #: (CELL) _____ (SECONDARY): _____

DIVISION ENTERED: CO-ED (MON) WOMENS (TUES)

#	PLAYER NAME	PRIMARY PHONE #	EMAIL	DATE PD (Office Use)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Manager's Signature: _____

Date: _____