

~ Chicopee Parks and Recreation Department Women's Volleyball League Roster ~ 2025 - 2026

Please clearly print or type the full name, street address, city, zip code, and telephone number of each player. If player information is incomplete, the player will not be allowed to play. When information is complete, the player will be allowed to play.

Team Name: _____

A BA BN *Chicopee Industrial Team*

	<i>Name</i>	<i>Address</i>	<i>City</i>	<i>Zip Code</i>	<i>Phone # Home/Work</i>
Rep.					
A.Rep.					

	<i>Player's Name</i>	<i>Address</i>	<i>City</i>	<i>Zip Code</i>	<i>Home Phone</i>	<i>Work</i>
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I, as team representative, verify that the above players and addresses are true and valid. I understand that any attempt to falsify such information will result in severe penalties to me and the team. _____

Representative Signature

Date