

**BORGER COMMUNITY ACTIVITY CENTER (BCAC)  
OFFICIAL VOLLEYBALL TEAM ROSTER**

Summer  Fall                      Year: \_\_\_\_\_

**Manager/Coach Must Carry This Roster Copy to all League Games**

All rosters must be signed by the League Director  
Any added players must appear on this roster and be verified by the League Director  
All players must carry legal picture ID to every game  
If a Manager is a player, his/her name must appear on the roster

NAME	BIRTH DATE	CITY OF RESIDENCE	EMAIL	OFFICE USE ONLY
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

**8 players maximum in Volleyball.**

Mgr's Name: \_\_\_\_\_ Signature \_\_\_\_\_

Mgr's Address: \_\_\_\_\_ Zip \_\_\_\_\_ Tel: \_\_\_\_\_

Team Name: \_\_\_\_\_ League: \_\_\_\_\_

**Please Check Appropriate Boxes:**       Men's Program                       Women's Program                       Co-Ed Program

League Director's Initials: \_\_\_\_\_

