



# Texas Amateur Athletic Federation Official Team Roster Form – ADULT VOLLEYBALL

\_\_\_\_\_ **Region** \_\_\_\_\_ **City** \_\_\_\_\_ **Sport** \_\_\_\_\_ **Division** \_\_\_\_\_ **Team Name**

NOTE: 1.) Each player and team manager should read the statement on Page 2 before completing and signing this roster.

1. Print or Type Player's Name	Player's Signature	Bonafide Residence (Street, City, State, Zip))	Phone	Texas Drivers Lic or Picture ID#
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

**\*PU=Pickup player**

**TEAM MANAGER'S GUARANTEE:** Each manager should read the statement on Page 2 before completing and signing this roster.

Manager's Name (Print or type) \_\_\_\_\_ Signature of Team Manager \_\_\_\_\_ Email address \_\_\_\_\_ Date \_\_\_\_\_  
 Manager's Address (Print or type) \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Signature of local T.A.A.F. Representative \_\_\_\_\_ Signature of Region Director or Region  
 Tournament Director (if applicable) \_\_\_\_\_