MINOT PARK DISTRICT
34th ANNUAL MAGIC CITY VOLLEYBALL EXTRAVAGANZA – ENTRY FORM & ROSTER

Classification: **Mens** _____ **A** _____

Womens _____ **B** _____

Coed _____ **C** _____

D _____

Team Name: _____

Manager's Name: _____

Manager's Address: _____

Zip Code: _____ **E-Mail Address_____**

Manager's Phone #'s: H) _____ Cell) _____

Team Information:

Player's Name	Address
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Manager's Signature: _____ Date: _____