

**MINOT PARK DISTRICT
36th 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:** _____