

WHISTLE BINKIES ON THE LAKE CO-ED SAND
VOLLEYBALL LEAGUE ROSTER

TEAM NAME _____
TEAM E-MAIL _____

OUR TEAM WOULD PREFER TO PLAY ON: Mon, Tues, Wed, or Thurs
CHOICE #1 _____
CHOICE #2 _____ (MUST HAVE TWO CHOICES)

TEAM CAPTAINS

NAME	EMAIL (required)
1. _____	
2. _____	

TEAM MEMBERS

NAME	EMAIL (required)
3. _____	
4. _____	
5. _____	
6. _____	
7. _____	
8. _____	
9. _____	
10. _____	
11. _____	
12. _____	

Please submit a team roster and a check (ONLY) payable to Whistle Binkies on the Lake stapled to the roster. The sooner you do this, the better chance you have of getting your choice of night.