

**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)	PHONE #
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1. \_\_\_\_\_

2. \_\_\_\_\_

**TEAM MEMBERS**

NAME	EMAIL (required)
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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.**