

# TEAM REGISTRATION - PLAYER ROSTER

- **6 ON 6 CO REC VOLLEYBALL**
- **TUESDAY NIGHTS**
- **GAME TIMES: 7/8 PM**
- **START DATE OCT 18<sup>TH</sup>- DEC 6<sup>TH</sup>**

All players must have a waiver on file. Non-members may complete a digital waiver found at [www.whitefishwave.com](http://www.whitefishwave.com) lower right corner of the home page.

**Contact: Nate Conners, League Supervisor**

Phone: (406) 260-5360      Email: [nconners@whitefishwave.com](mailto:nconners@whitefishwave.com)

**TEAM NAME:** \_\_\_\_\_ **CAPTAIN NAME:** \_\_\_\_\_

Fee: \$149.00 *(A team is not considered registered until this completed form and payment are received.)*

<i>NAME</i>	<i>EMAIL ADDRESS</i>	<i>CITY</i>	<i>PHONE NUMBER</i>	<i>AGE</i>	<i>WAIVER ON FILE</i>